## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		22440	CERTIFICATE	UF DEATH		104411
	l, l	PLACE OF DEATH				n: Residence before odmission)
ı	1	O. COUNTY CARROLL	MARYLAND	O. STATE	b. COUNT	COOK
Ì		b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	e corporate limits, write RURA	L and give nearest town)
l	1	WESTMINSTER	IWEEK	CHICAG	0	51.3
				d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?
		CARROLL COUNTY	GEN. HOSPITAL	505171.	GLENWOOD	AUE YES NO B
		NAME OF First	Middle		DATE Month	Doy Year
1	5.	(Type or print)		NDERSON	9. AGE (In years	IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
I	-	The state of the s	THE VEIL CONTROLLE	8. DATE OF BIRTH JUNE 7, 1877	lost birthday)	Months Doys Hours Min.
ŀ	-	EMALE WHITE  USUAL OCCUPATION (Give kind of work done	WIDOWED DIVORCED 1	11. BIRTHPLACE (County & St	12 1	12. CITIZEN OF WHAT
ı	duri	ng most of working life, even if retired)	INDUSTRY	-	GEN DENM	COUNTRY?
ł	13	HOUSE-WIFE FATHER'S NAME		14. MOTHER'S MAIDEN NAM		ARR U.J.
ı			DORFF		1 LARSEN	
ł	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
1	(Ye	s, na, or unknown) (If yes give wor or dates of se	ervice) > EL	MER OFANDE	RSON NESTM	INSTER MD.
ŀ		18. CAUSE OF DEATH (Enter only one couse				INTERVAL BETWEEN
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CHRONIC LYMI	PHOCYTIC	LEUKEMIA	ONSET AND DEATH
ı		2040 OUE 10	· · · · · · · · · · · · · · · · · · ·	-		
1		Conditions, if any, which gove (b)		COTIC HEA	RT VISEAS	E- YRS.
İ		stoting the underlying couse				
ı		PART II. OTHER SIGNIFICANT CONDITIONS CONT	TO TOTAL TO BUT HOT DELLATED TO	THE TERMINAL DISEASE CONDIT	ION CRITICIN BART MAN	19 WAS AUTOPSY
,	NOI					PERFORMED?
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING □	NCITO PNEUMONIA  20b. DESCRIBE HOW INJURY OCCURRED.	(Foter nature of injury in Port	Lor Part II of item 18 )	ID IN IO
J	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(and horse or injury in rail		
1	WEDICAL	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
ı	뗉	Hour o.m. p.m. 19	While Not While foct	ary, street, office bldg., etc.)		
ı		21. I certify that (f) (this hospit	ol) attended the deceased from_	10/27,196	6 10 11/3	, 1966, that (1) (we) last
1		saw the deceased alive an	11/3 1966, and tha	t death accurred at	255 M, fram causes a	nd an the date stated above.
ı		229 SIGNATURE		ATTENDING - ME	D. STAFF	22b. DATE SIGNED
ı		Mucout y. F.	COCCO SA M.	D. PHYS. DIR	ECTOR LI PHYS. LI	1/13/66
1		PAC PHYSICIAN'S NAME (Type) VINCENT	J. Floced to.	WESTMI	WALTER MA	A
1	230	BURIAL, CREMATION, 23b. DATE THEREO			23d. LOCATION (City of Town	n) (County) (Stote)
	200	REMOVAL (Specify)		ACCUSATION OF THE PERSON OF TH	CHICAGO	
1	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY		ISTRAR'S SIGNATURE
	5	t-5-miners to into	Amnatri, ma	, DATE N	NY 7. 1966	Ochania Judge

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

250 - 4 5 2347 ATT COURT NEW CHEST OF THE PERSON NAMED OF THE PARTY OF TH CLARK SINTIREGE STREETEN PERSON CONTRACTOR OF THE STREET SERVICES Server Bellevier Depleased States MENNE THEORY BUTTONE BUTTONE The Sale marker of the Sale of Sale an assistance to the second second THE STATE STATES AND COMETERS CHICAGO SALVE Control of the state of the sta MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TAZZ			CENTIFIC	CAIL	OI DEATH			- 1	544	17			
1. PLACE OF DEATH o. COUNTY Can	roll		MARYLA	ND	2. USUAL RESIDENCE (W	there deced	L COLL		nce befar	e odmissio	on)		
Rural S	If outside corporate limited give nearest Jawn)	5,	c. LENGTH OF STAY IN 9y 3m 26	<sub>1ь</sub> 6d	c. CITY OR TOWN (If our Balt		rote limits, write RUI e City	RAL and gi	ve neares	t fown)	/		
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	1			d. STREET ADDRESS	Cod	onia Ave	nue		ON A F	ARM?		
3. NAME OF	ield State	nospi	Middle	l	Lost	4. DATE			Dov	YES Yes	NO [25]		
DECEASED (Type or print)	Thur		migule -	Ar	nold	OF DEATH	7.7	6	22		66		
S. SEX male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH 0-26-1893		9. AGE (In yeors last birthday)	Months Months	Days	Hours	Min.		
	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Maryland	& Stote, or f	(areign country)		ITIZEN OF OUNTRY? SA				
13. FATHER'S NAME	Arnold (s	tep-fa	ther)		14. MOTHER'S MAIDEN Margare		eppard						
1S. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war ar dates of	16. S	SOCIAL SECURITY NO. 15-09-3708		FORMANT Hospital Re	cord	Addr	ess					
18. CAUSE OF D PART I. DEA	EATH (Enter only one cou ITH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for		1						ERVAL BET			
Conditions, if any rise to immedia	te cause (a),	(b) Bil	ateral supp	ourat	tive nephri	tis			We	eks			
storing the underlying couse   (c)											19. WAS AUTOPSY PERFORMED? YES DC NO		
CIF EITHER, NOTIF	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	URRED. (E	Enter noture of injury in	Port 1 or Pr	ort II of item 1B.)						
20c, TIME OF IN.	URY Month, Day, Year m19	20d. IN While of work	Mac Wilella		E OF INJURY (Hame, form ry_street, office bldg., etc.)		aller aller	· ·	ounty)		(Stote)		
21. I cert	ify that () (this ho	spital) atten	ded the deceased fr	rom nd that	deoth occurred of	10:10	to 11-22 M, from couses	ond on	the do	te state	we) los d obove		
22a. SIGNATURE	flee of	4.126	Partrel	M.D.	PHYS.	MED. DIRECTOR		1	DATE SIGN	2-66			
22c. PHYSICIAN' NAME (Typ	Heinz H.		sch, M.D.		22d. ADDRESS S	ykesi	ville, Ma	aryla		oita.			
230. BURIAL, CREMAT		EREOF 66	Saint Jo		s (emetery		LOCATION (Gity or To	t (it		1.	State)		
24. FUNERAL DIRECT		0.150	ADDRESS	2/22		BY REGIS		EGISTRAR'S					
John (.	Miller Inc-	0415 Be	clair Road a	2120	DATE N	OV 2	3 1966	Lucie	Mely	Jus	12		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers, and shauld be filed with the State Dept. of Health priar to burial, crematian of certified with the State Dept. of Health priar to burial, crematian of certified in any event, within 72 frout Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be refained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13	45448	CERTIFICATE	OF DEATH	15448
	PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, o. STATE  Maryland	if institution: Residence befare admission) b. COUNTY Carroll
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Westminster	L LENGTH OF STAY IN 16	c. CITY OR TOWN [If autside corporate limits,	write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit  Carroll County Genera		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO SER
3.	NAME OF First DECEASED	Middle	Lost 4. DATE OF DEATH	Manth Day Year
	SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH 9. AGE (1)	
10a	USUAL OCCUPATION (Give kind af wark done 10) ing most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	wn home	Carroll County, Mar	
IS.	Abraham Hahn WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (If yes give wor or dates of service)		Ammanda Eples Sone	Address
	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).)	nneth A. Bair, Taney Nyochedial IN	FARCTION INTERVAL SETWEEN ONSET AND DEATH
	Add 2 1 1 Dur to		eotic HEART DIS	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		THE TERMINAL DISEASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES IN NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter nature of injury in Part I ar Part II of ite	m 18.)
MEDICAL	Haur a.m. W		CE OF INJURY (Hame, farm, 20f. (City as pry, street, affice bldg., etc.)	tawn) (Caunty) (State)
		tended the deceased fram	1966 to 1 death accurred at 10 3 M, from	causes and an the date stated above
	Mucan A. fr	occo A M.	D. PHYS. LA DIRECTOR LA PI	AFF   22b. DAJE SIGNED   11/18/66
/	NAME (Type) Vincent J.Fio	cco .		Westminster, Md.
	Burial (REMATION, REMOVAL (Specify) Burial Nov. 21,196	23c. NAME OF CEMETERY OR OT CEMETERY OR OF CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY	tery Taneyton	on Carroll Maryland
3	how H. Skile C.O. Fuss &		Md. 25N OF P RY REGISTRA 1966	Harley Junge

34.080.46 Street bedget Tell card freedom winned Thomas The Control of the Co mental advects the little the case of the same of the sa Little or State and the Control of t West of the second second

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OK ZZO

Pages 1 and 2

**D FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, appears only event, within 72 hours after death.

TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be read to by the hospital or attending physician.

TO FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

l	TOA	23		CERTIFIC	CATE	OF DEATH				244		
)	o. COUNTY Ca	rroll		MARYLA	AND	2. USUAL RESIDENCE (Where of STATE Maryland	deceased lived, if institu b. COU	NTY	rrol		n)	
r	5. CITY OR TOWN	(If autside carporate limi	its,	c. LENGTH OF STAY IN	lb i	c. CITY OR TOWN (If outside co	orparate limits, write RU	RAL and give	neares	town)		
	write RURAL or	d give nearest town)		20 Years		Rural, Westn	ninster			16.	1	
-		TAL OR INSTITUTION (IF I	not in hospital,	give street address)		d. STREET ADDRESS				IS RESID		
	Westminst	er, Md. R.	D. 2			Westminster,	Md. R. D.	2		ON A FA	NO T	
62.50	. NAME OF	F	First	Middle	10	Lost 4. D		th	Day	Yeo	or.	
	(Type or print)	Lester 1	Lammas	Barnhart	(3		F EATH /	ov.	2	19 6	66	
5	s. SEX	6. COLOR OR RACE	7, MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In years	Months 1	YEAR Days	IF UNDER Hours	24 HRS	
	Male	White	WIDOWED	DIVORCED		8/1/1901	65 birthday)	MOITINS	Dulys	110013	Phill.	
i	Da. USUAL OCCUPATIO	N (Give kind of work dan		(IND OF BUSINESS OR		11. BIRTHPLACE (County & State	, or fareign country)		IZEN OF UNTRY?			
	Retired S	life, even if retired) hoe Worker	Sh	NDUSTRY Oe Factory		Carroll Cour	nty, Md.	U.S	S.A.			
-	13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
	John H.	Barnhart				Elizabeth Bich	man					
	IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO.	17. IN	IFORMANT	Addr	622				
	(Yes, na, arunknawn)	(If yes give war or dates	or service	13-05-1217	Net	tie M. Barnhar	t Westmin	ster.	Md.	R-2		
=	The state of the s	EATH (Enter only one co							INT	RVAL BET	WEEN	
	PART I. DE	TH WAS CAUSED BY:  !MMEDIATE CAUS	Eles Q	cute Cor	ona	ry Occlusion	on		ONS	SET AND D	EATH	
	420	1	E TO									
	Canditians, if on		(b) A 1	teriosclero	tia	Heart Dis	sease		un	knew	n	
	rise to immedio		E TO									
	last.	errying coose	(c)									
	PART II. OTHER S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY										
TION		Pulv	nonary	Emphys	remo	2			y E	PERFORMI	NO [	
101/4	200. ACCIDENT W. OR CONTRIBUTION	AS UNDERLYING			-	inter nature of injury in Part I	ar Part II of item 1B.)					
FFRT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	-				,					
	THE ETTALK, NOTH	URY Month, Day, Year	20d.	INJURY OCCURRED 2	Oe. PLAC	OF INJURY (Home, farm,	20f. (City ar town)	(Cou	inty)	(	Stote)	
P. S. Charles	Haur a	m. 19	Whil	e Not While at wark	facta	ry, street, affice bldg., etc.)						
		116		nded the deceosed fr	rom	8-17 1960	4, to 9-12	19 (	64 th	at (I) (	we) lo	
		leceased alive an_	25711017 01170	7-12 19 64, an	nd that	death occurred of 8130	A M, from causes	and on th	ne dat	e stoted	abov	
	220. SIGNATURE	1 0	7	0		ATTENDING CHED	CTAFF	22b. D/	ATE SIGN	ED		
	0	fulis a	U. 1	urrer	/ M.D	ATTENDING MED. PHYS. DIRECT	TOR PHYS.	] //-	2-6	06		
	22c. PHYSICIAN	5 //				22d. ADDRESS						
	NAME (Typ	PKilip	W. Merc	er		150 W. Main	St. Westmi	nster	, Md	•		
4 4 32	230. BURIAL, CREMAT	ON, 23b. DATE T	HEREOF	23c. NAME OF CEMETE	ERY OR C	REMATORY 23	d. LOCATION (City or To	own)	(County)	(5)	tote)	
	Burial (Specif	11/5/	66	St. Marys	Cem	etery S	liver Run,	Carro.	11 0	·	Md.	
	24 FUNERAL DIRECT		2:1	2 ADDRESS		2Sa. REC'D BY R	EGISTRAR 2Sb. R	EGISTRAR'S SI	GNATUR	E		
1	Vir hu	WA.T	1111	littlest	own,	Pa. DATE NOV	4 1966	Jelian	rley	Jud	22	

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E	OR !	STA	TE	1	1
HE	ALTI	1 0	FP	T	-
11167	AL I I	1 1	6.1		
ithin 24 haurs after death. If any delay is	necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Rages 1, 2, and 3 to TYO at the funeral director. Page 4 shauld be farwarded to the Chief Medical Praminer's Office olang with form PM3. Page 11.3.	,	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Tile pages land 2 with the State Department of	I in any event within 72 haurs after death.	W 600
This certificate shauld be executed wit	ficate, writing the ward pending in pe to be farwarded to the Chief Medical Bran	I	ld be used as a burial-transit permit. File	lar to burial, crematian, ar remayal, and	8
TO DEPUTY MEDICAL EXAMINER:	necessary, please execute the certil the funeral directar. Page 4 shauld	5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 shoul	Health or its designated agent, price	2

VR A15ME (5)

71	15450		MED	DICAL EXAMI	NER'S	CERTIFICATE O	F DEAT	Н	1	5450	
	PLACE OF DEATH D. COUNTY	CARROLL		MA	RYLAND	o. STATE Mary	Vhere decease land	ed lived, if instituti b. COUN	ITV	roll	ion)
17	CITY OR TOWN (	f autside carparate limit	S,	C. LENGTH OF STAY	IN Ib	c CITY OR TOWN (If au	tside carporat	e limits, write RUF	RAL and give ne	earest tawn)	06.1
es	tminste	ATTORSKE		3		NI-EVI	CLEVE V	KK Rur	al-Mt.	Air	У
(	. NAME OF HOSPIT	ALOR INSTITUTION (If no DUNTY GENER	at in haspital,			d. STREET ADDRESS		e. IS RESI ON A I	IDENCE FARM? NO X		
	NAME OF	Fi	rst	Middle		Last	4. DATE	Mont	h	Doy Ye	ea?
	Type or print)	LIL	Y	E.	BR:	IGHTWELL	OF DEATH	Novemb	er 2	7, 19	66
5. !	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	8. DATE OF BIRTH		AGE (In years	Manths Do		R 24 HRS.
7	Female	White	WIDOWED	DIVORC	ED 🗌	Dec. 15,19	02	last burthday)	Walling Do	rys Haurs	Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired) HOUSEWII e									12 CITIZE	N OF WHAT	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N					
Frank F. Carlstrom Augusta H. Islau											
IS. (Ye	WAS DECEASED EVE s, na, ar unknown) NO	R IN U.S. ARMED FORCES? (If yes give war ar dates o	f agnised	SOCIAL SECURITY NO. 8-14-953		informant ir. Wm. Cli	fford	sam Brigh	ë As twell	#2	
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   S   G										
Conditions, if any, which gave rise to immediate cause (a).   DUE TO											
2						THE TERMINAL DISEASE CON	DITION GIVEN	I IN PART 1(a)		19. WAS AUT PERFORM	
ATIC	Art	eriosclero	tic h	eart dise	ase					YES X	NO 🗌
CERTIFICATION	20g. EXTERNAL CA PRIMARY LAGE COL CAUSE OF DEATH,					. (Enter nature of injury in I n auto-auto					
MEDICAL	20c TIME OF INJU- Hour a.n 11:00 x pm		While	NJURY OCCURRED Not While of work	fe fe	ACE OF INJURY (Hame, farm story, street, office bldg., etc.) Highway	20f.	(City ar tawn)	(County	•	(State) Md.
Ì	21. I certify	that I taak charge	e of the re	mains described a	abave, h	neld an Autopsy X	Inspectio	n . Ingu	iry 🗇,	and in my	opinior
	death result  ACTUAL SIGNATURE		ol couses [			icide, Homicide CHIEF MEDICAL M.D. ASSISTANT MEDI	EXAMINER [	determined m		22. DATE	
	EXAMINER'S NAME (Type)	Charles	S. Spr	ingate, M		DEPUTY MEDICA Address (Street,		or county)	Novemb	er 28,	196
230	BURIAL, CREMATIC REMOVAL (Specify		EREOF / 1966	Zic NAME OF CE		Cemetery	i and	ATION (City or Tov lerick			State)
24	FUNERAL DIRECTO		1700	ADDRESS	010	2So, REC'D	BY REGISTRA	R 25b. RE	GISTRAR'S SIGN	ATUREO	100.
C.	M. Wal	ltz Box	241 S	ykesvill	e, 1	Id. DATE DE	EC 1	1956	Mare	and and	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the State Diept, of Health prior to burial, crematian, ar remayal-said in any minent, within 72 hauys after death. Page 4 may be retained by the haspital ar attending physician. VR A15 [4] 20 M 1/66

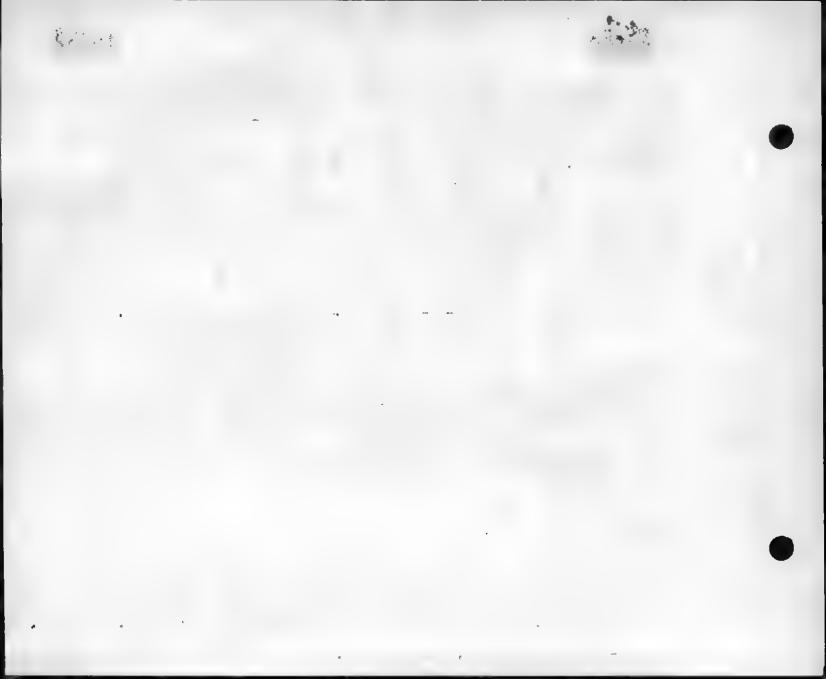
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

	15451			CERTI	FICATE	OF DEATH			1	54	51	
1		rroll			RYLAND	2 usual residence (V o. STATE Maryla	nd	Mont	gomer]	7		n) -
	write RURAL an	It autside corporate mits digive nearest town) AL OR INSTITUTION (If nat	n hasoital s	2 mo. 1		c. CITY OR TOWN (If au SilverSpr d. STREET ADDRESS		grate limits, write RU	RA⊾ and give		s town)	YENCE.
3		field State	Hospi			1956 Semi	nary		•		ON A FA	NO 🔽
5		Antolina G	rtrud	is Rojas		rga	OF DEAT	11-	27	,	19 (	66
	female	6 COLOR OR RACE White	7 MARRIED WIDOWED			2-6-1877		89 yrs.	Months	Doys	Haurs	Min
du	ing most of working School	N (G ve kind of wark dane life, even if retired) <b>Teacher</b>		D OF BUS, NESS OR OUSTRY		11. BIRTHPLACE (County  Cuba		tareign country)	COL	ZEN OF UNTRY? Len	WHAI	/
	Amador					14. MOTHER'S MAIDEN IN LEADEL G	_					
(¥	no	ER IN U.S. ARMED FORCES? If tyes give war ar dates af		OCIAL SECURITY NO.		nformant ingfield H	qao	Addr Medical	-	ds,		
	PART 1. DEA  Conditions, if any nise to immediat stating the under last	te couse (o), out of the couse of the couse (o).	Ter	minal Processive	eart	Failure				ye	RVAL BET	EATH
MEDICAL CERTIFICATION	200 ACC DENT WA	IGNIFICANT CONDITIONS CO				Enter nature of injury in I				YE	WAS AUTO PERFORMI S	NO X
MEDICAL	Haur a.i	m 19 i <b>fy</b> that <b>(14)</b> (this hosp	While otwark	URY OCCURRED  Nat While at wark  d the deceases	d from	E OF INJURY (Hame, farm arry, street, office bldg., etc.)	966	to 11-27		66 th	at (%) (*	
	saw the d 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type	Renato E		M.D.	M. C	Springfie	MED. DIRECTOR	STAFF PHYS. 5	22b DA	TE SIGN	ED	
1.	BURIAL, CREMATIC	1 Dur 29,	1966	23c. NAME OF CEN		Cemetery.	11	tocation (City or To	~~ >	(County)	2	tate)
2	4. FUNERAL DIRECTO	ché sone	- Hef	el larre	e, m	DATE DATE		3 0 1966 RI	egistrar s si	- 4	60	ye

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15452  CERTIFICATE OF DEATH 15452		MARYLAND STATE DEPARTMENT OF HEALTH	
25452 CERTIFICATE OF DEATH 15452	DIVISION OF ST	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	15452	CERTIFICATE OF DEATH	15452

a. COUNTY / 1	2. STATE  b. COUNTY
Carrelle MARYLANO	Maryland Carroll
b. CITY OR TOWN (If outside corporate Hmits, with RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Hortel mi	Rural - Upperco
G. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS 6. IS RESIDENCE ON A FARM?
Holden alexiest House.	Emory Church Road YES X NO
DECEASED	13.1 Jakex 4. DATE Month Day Year
(Type or print) Carry Inactes	Showers DEATH NOV 23 1988
1 . Maritie I . Heart married	8: DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months   Days   Hours   Min.
	3/11/83 / 7/3 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Farmer	Mary land USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Carr	Annie Iglehart
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address
	s. Eleanor Carr. Upperco. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ULA (11.7 (1.7 ELACE ONSETAND DEATH
DUE TO	0 // 0,
Conditions If any urbinh	Della carlina -
gave rise to immediate	
cause (a), stating the OUE TO underlying cause last.	Witeres delen
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCUPANT (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
20c. Time of INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLA facto   20m. PLA fac	
21. I certify that (I) (this hospital) attended the deceased from	111-3/, 1966 to 110-23, 1966, that (1) (we) last
saw the deceased alive on MAT- 2118 66, and that	t death occurred at A A M, from the causes and on the date stated above.
228. SIGNATURE)	22b. DATE SIGNED
M.C. Markey M.C.	O, PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) WILL ASTTN	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS BURIAL (Specify) 11/26/66 Emory Method	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 11/26/66 Emory Method	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Tipton-Eline Funeral Home, Hampstead, M	d. OATE NOV 20 1856 Misseles Judge

VR A15 (4) 15M 4-64



FOR STATE
HEALTH DEPT.

permit. Metables 1 and 2 with the State Department removal, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 12 used as a burial-transit to burial, cremation, or TO FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior

> VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

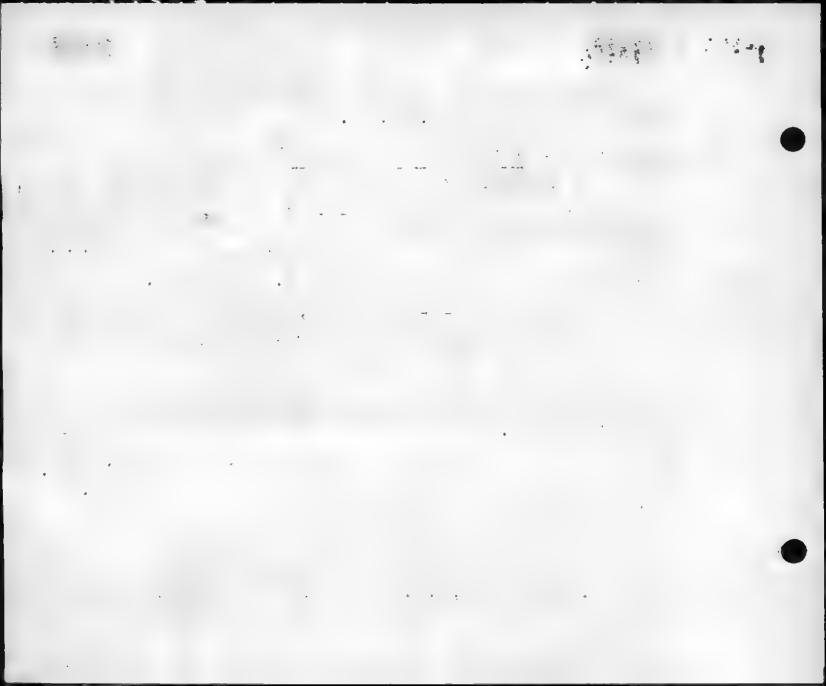
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15453

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11.2 IISIIAL RESIDENCE (Where deceased lived. If institution: Residence before

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Resident as STATE b, COUNTY	nce before admission)
Carroll MARYLANO	Maryland Calvert	~
b. CITY DR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR YOWN (If outside corporate limits, write RURAL and	give nearest town)
Sykesville 3Byrs.7mos.ldys		L. In Projection
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS Rural	6. IS RESIDENCE ON A FARM? YES X NO
Springfield State Hospital	Anst 4. DATE Month D	av Year
3. NAME OF OECEASED (Type or print) CATTERTON, Essie	DEATH NOVEMBER 29	19 66
1. MARKIED I HEVER MARKIED	B. OATE OF BIRTH 9. AGE (In years   IFUNDER 1 YE)   last birthday   Months   Days	
Female White WIOOWED OIVORCEO 8-	-18-1876 90 yrs.	
10a, USUAL OCCUPAT, ON (GIVE kind of work done   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZE COUNT	EN OF WHAT
during most of working life, even if retired) INOUSTRY		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
0 0 11 - 1 - 1	Mary A. (last name unk.)	
George Catterton  15. WAS OF CEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes no. or unknown) I (I) yes nive war or dates of service)		,
	cords, Springfield State Hospital	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		NTERVAL BETWEEN INSET AND DEATH
PART I. DEATH WAS CAUSED BY: ASPHYXIA by OCCLUS	ion of larynx with peanut	THUCES
Tay. OUE TO		
Conditions, If any, which (b)		
gave rise to immediate (		
underlying cause last.		
S PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
Epileptic psychosis.		YES NO
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA  Epileptic psychosis.  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Exting supper & earling supper & e	RRED. (Enter nature of injury in Pert I or Part II of Item 18.)	atient was
PRIMARY Or CONTRIBUTING A CAUSE OF DEATH.	ting peanut butter with spoon. p to floor & she seemed to be cho	Nurse saw
		_ ISTRIAL
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE factor while at work 11-29 1966 at work 20d. INJURY OCCURRED 20e. PLACE factor f	ry, street, omcaping., etc.)	, Carroll
		and in my onining
21. I certify that I took charge of the remains described above, hel	d dil ristopoj (A)	and in my opinion
death resulted from: Natural causes Accident , Sui	icide [], [Homlcide [], Undetermined manner [	,
Land Land Land	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE LYLOSEEL MELYCLE	_M.O. ASSISTANT MEDICAL EXAMINER	1-29-6-6
EXAMINER'S W Clara Santaban N D	DEPUTY MEDICAL EXAMINER	7 1. Wil
NAME (Type) W. Granti Spercher, M. D.	address to we to fatty to be or county it in the	crease 111
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, townfor county	(Steta)
Lurial Neg 1, 1966 Triendake		ma.
24. FUNERAL OLDECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S S	TIGNATURE
Allikeris tuneral Home Murnes	OATE 37 1966	d
A description of particular of the second		-0



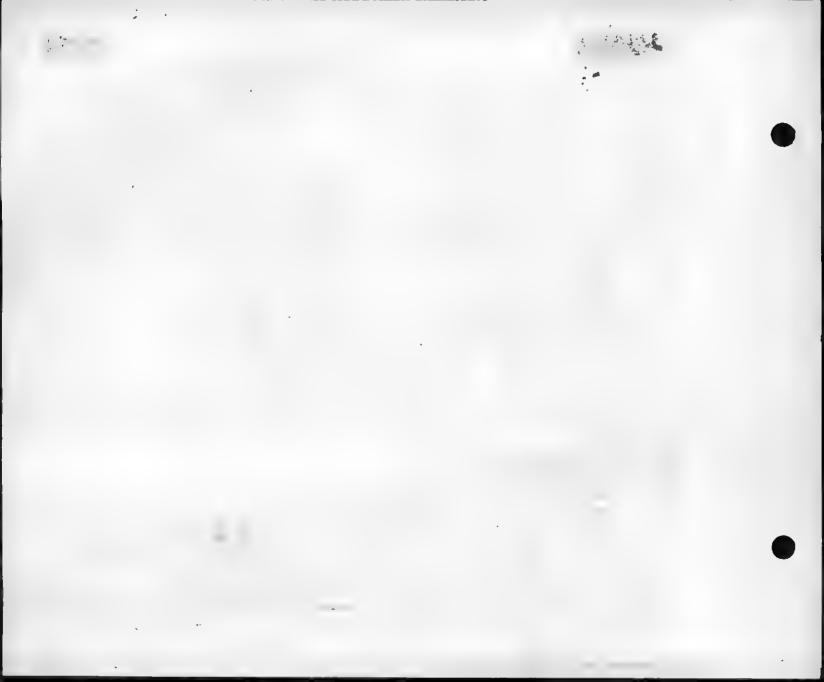
Disting of STATISTICAL DESCRAPCH AND DECORDS DECTON CIDECT DAITIMODE MADVIAND 21201

	4272		IIJIICAL KE.		·		EI, DALIIMORE, MA		
	1545	4		CERTI	FICATE	OF DEATH		1	5454
	PLACE OF DEATH o. COUNTY	rroll		and the	NO AND	o STATE	There deceosed lived, if ins	COUNTY	before admission)
_	b CITY OR TOWN (	If outside corporate l	ımıts.	c LENGTH OF STAY	IN 1b	COTY OR TOWN (Hou	1.1.1 write tribe to the corporate limits, write	RURAL ond give	negrest town)
	write RURAL on	d give neorest town)	,	57 Yea		Moodp.		,	
			If not in hospita	ol, give street address)	, L O	d. STREET ADDRESS	me		e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	J	First Amelia	Middle	C)	Lost endon	OF	Month	Dογ Year 19 5 5
	SEX	6 COLOR OR RACE	7 MARRI	D NEVER MARRIE		DATE OF BIRTH	9, AGE (In yeo		YEAR   IF UNDER 24 HRS Doys Hours Min
Fe,	ema je	White	WIDOW	DIVORCE	D 🔲 🗓	an. 15,189	9.2 74 y	L2 Mollinz	noh? Mon.? Will
0c dur	ang most of work ng	V (Give kind of work di life, even if retired) EVILLE	one 10b	KIND OF BUSINESS OR INDUSTRY		II BIRTHPLACE (County Carroll (	& State, or foreign country)	-ton	ZEN OF WHAT NTRY?
13.	FATHER S NAME					14. MOTHER'S MAIDEN N		1 - 0.	0 0 1 1 0
	1.7	illiam C	). Por	ter		l'ari	T. Picket	t	
1S (Ye	WAS DECEASED EVE es, no or unknown)	R IN U.S. ARMED FORC (If yes give wor or do	ES? les of service)	6 SOCIAL SECURITY NO NO	1	FORMANT	ırdum Same	Address	
-	I IR CAUSE OF D	EATH (Enter only one	couse per line		1 + 1 - 1	Je many me	NI CIVIL DELIG	AS II	INTERVAL BETWEEN
	PART I, DEA	TH WAS CAUSED BY IMMEDIATE CA		terinsel	Pera I	tic CV	0		ONSET AND DEATH
	422	3	DUE TO						deare,
	Conditions, if ony	, which gove }	(b)						
	nse to immediate		DUE TO						
	lost.	)	(c)						
z	PART II. OTHER S	GNIFICANT CONDITION	IS CONTRIBUTIN	G TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o	)	19 WAS ALTOPSY PERFORMED?
ATIO	R	huma	t-aid	arth	rit	iz			YES NO
MEDICAL CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b.	DESCRIBE HOW INJURY O	OCCURRED. (	Enter nature of injury in I	Part I or Port II of Item 18	)	
MEDICAL	20c. TIME OF INJ Hour ou		. WI	INJURY OCCURRED  nile Not While D		E OF INJURY (Home, form ry, street, office bldg., etc.)		,	
				ended the deceased	fram	11/37	9 to ////	8/46,19	_, that (I) (ma) fast
	saw the d	eceased alive an	11/14	146 19_,	and that	death accurred at	M, fram cau	ses and on th	e date stated above
	220. SIGNATURE	1. E Roll	esta	70-24 -	M.D	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS	22b. DA	TE SIGNED
	22c PHYSICIAN'S NAME (Type		. 3.	Robertson		22d. ADDRESS	Win Os	TOS 1 /	nd.
230	. BURIAL, CREMATI		THEREOF	23c NAME OF CEA	AETERY COM		23d. LOCATION (City of	r Town) (	County) (Stote)
	REMOVAL (Specify	111/0	1/1966	5 Norvan	Char	el	Carroll	Co. Tr	
24	4. FUNERAL DIRECTO	)R		ADDRESS		2So REC'D	BY REGISTRAR 25b	. REGISTRAR'S SIC	NATURE
-	C. M. W	altz Box	241	Sykesvill	e,	DATE NO	DV 2 2 1966	Melion	es judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending affasician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and event, within 72 hours attached the VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY CARROLL MAR MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town) 8 YRS. URAL NESTMINSTER WESTMINSTER d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3 to 1 ロカハムモ FOOLE ROAD and DATE NAME OF Middle DECEASED RAY DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED last birthday) Months dmath. 2/19 yrs. WIDDWED DIVDRCED 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY MOTHER'S MAIDEN NAME ANN VI COOK 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. (Yes, no, or unkown) (If yes give war or dates of service) permit. I 223-14-0416 18. CAUSE OF DEATH [Enter only one cause partine for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the 103 underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATI DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 모급 CAUSE OF DEATH. 3 shoul agent, MEDICAL 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. EXAMINER: While Not While CTOR: Page designated at work at work the certifing should be files. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection X, DIRECTOR: Undetermined manner Natural causes Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER YOUL Page for you glease e director, retained fo, TEUNERAL D. SIGNATURE 0 DEPUTY\_MEDICAL EXAMINER **EXAMINER'S** NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) FUNERAL DIRECTOR

VR A15ME 3500 4-64 REGISTRAR'S SIGNATURE

TARROLL

Day

Days

**CDUNTRY?** 

12. CITIZEN OF WHAT

119.

(County)

YES

e. IS RESIDENCE ON A FARM?

Year

19

Hours

'NTERVAL BETWEEN

WAS AUTDPSY PERFORMED?

NO X

(State)

and in my opinion

22. DATE SIGNED

NO Z

Items 18-21 Film 382 11-1MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functional Residence before admission) o COUNTY Carroll Poge d, Maryland Carroll MARYLAND delay and 3 c CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate iim ts. C LENGTH OF STAY IN 16 write RURAL and give nearest tawn)
Sykesville-rural Sykesville, Md. rural e IS RES DENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSP,TAL OR INSTITUTION (If not in hospital, give street address) With the State Dep within 72 haurs a alang with farm RD #1 RD #1 NO X 24 hours ofter death 3 NAME OF M.ddle 4 DATE Manth First DECEASED 19 66 Wakeman Cook (Type or print) DEATH IF UNDER 1 YEAR S SEX 9 AGE ( n years IF LNDER 24 HRS B DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 61 vrs Months colored male WIDOWED D VORCED 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Carroll Co., Md. any rarm labor the Chief Medical Examiner 14 MOTHER'S MA DEN NAME penci 13. FATHER'S NAME certificate should be executed within Grant Cook Emma Johnson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no orunknown) [( fixes give war ar dates of service remayal Mrs. Goldie Parks Sykesvill INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY: Massive pulmonary embolism following IMMEDIATE CAUSE (o) buria, crematian, fractures of femur and pelvis Conditions, if any, which gove rise ta immediate couse (a), funeral director. Page 4 should be farwarded to DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART (a) YES 🗔 the funerat overtimes for your files.

5 may be retained for your files.

6 FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to 200 EXTERNAL CAUSE WAS PRIMARY ☑ OF CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of tem 18) Pedestrian struck by tractor MEDICAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) 20c TIME OF NURY Month, Doy, Year factory, street, office bidg , etc.) While ot work 18 1966 at work Farm Sykesville-rural Carr. Md. 21 I certify that I took charge of the remains described above, held an Autapsy Inspection ... Inquiry , and in my ap n'on geoth resulted from-Accident . Suicide . Hamicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER (3) 5 may be r TO FUNERAL Health or I DEPUTY MEDICAL EXAMINER 11/14/66 Werner U. Spitz, Address (Street, city, town, or county) the 23d LOCATION (City or Town) (County) 23o BURIA , CREMATION. 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) White Rock Cometerv 250 REC D BY REGISTRAR 25b REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR

resville, 11.

VR A15ME (5)

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OX 1-1 3

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

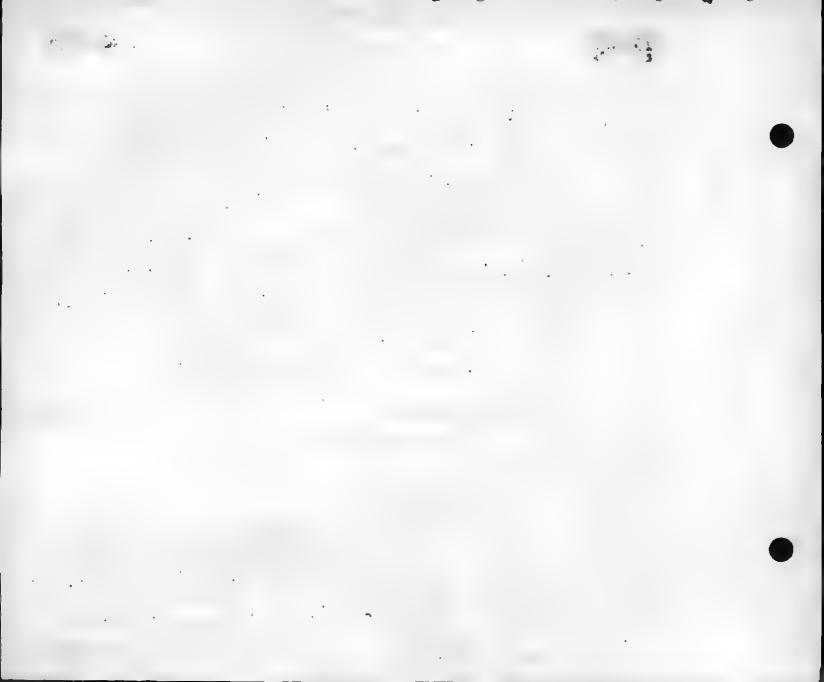
	\$5457	CERTIFICATE OF	DEATH	15457
-	PLACE OF DEATH	1 2 (1811)	L RESIDENCE (Where deceased lived, if ins	
	o. COUNTY/O	o ST/		CULITY
	farroll.	MARYLAND		Balto.
	b CITY OX JOWN (If autside carporate mits, white SOBAL and give negress fown)		R TOWN (If outs de corporate limits, write eisterstown	RURAL and give nearest fown)
*	Moralnio	The state of the s	erster stown	
(	d NAME OF HOSPITALY OR INSTITUTION AT not any	nespitol, give street address d. STREE	T ADDRESS	e IS RESIDENCE On a Farm?
0	Holdless when &	Tuest- Hours	Glen Falls Road	YES IC NO
1	NAME OF GAST	/) Middle /D L	ost 4 DATE	Month Doy Year
1	DECEASED (Type or print)	II (pola)	OF OF	er- 18 1966
		MARRIED NEVER MARRIED   8 DATE O	F RIRTH 9 AGE (In year	S IF UNDER 1 YEAR IF UNDER 24 HRS
,	Tullato World		3, 1882   81 bathdon	r) Manths Doys Hours Min
	LS_AL OCCUPATION(G ve kind of work dane		[HPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT
luri	ng most of working life even if retired) Retired from May Con		Balto. Co. Md.	COUNTRY? USA
	FATHER'S NAME	npany 1	HER S MAIDEN NAME	058
u.		17, 1101		
_	Samuel Ensor	16. SOCIAL SECURITY NO. 17 INFORMAN	Eleanor Harmen	ddress
y y e	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of ser	virel		
_	No L		roll M. Cooper R	eisterstown, Md.
	B. CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY	er line for (a), (b), and (c).)	10	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	( )en	much full	your full
	7500 DUE TO	0 00	4-01/2	
	Canditions, if any, which gove (b)	Tell ar	uno vuenos	u (
	stating the underlying couse DUE TO	11	P. 1.	1 8
1	last (c)	Gu-	Cardiac	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN IN PART 1(d	) 19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICA	200 ACCIDENT WAS UNDERLYING □	205 DESCRIBE HOW INJURY OCCURRED. (Enter note	re of injury in Part I ar Port II af item 18	)
5	OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
15101	20c. TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e PLACE OF INJU		(County) (Stote)
	Hour a.m. p.m. 19	While Not While factory, street,	office bldg , etc )	
	21 I certify that (I) (this hospits		ul 1, 1966 to Mon	-/ 8, 196/2 that (1) (we) last
	saw the deceased glive on	19 /ale and that death	accurred atM, from cou	ses and on the date stated above.
	220 SIGNAPURY (14 (14)			22b. DATE SIGNED
İ	MA H. MA	ASTER M.D. PHYS	IDING MED. STAFF	
	22c PHIST ANS		ADDRESS	- 1 1
1	NAME (Type)	MASIIVI	Mestuca	willer first
30	BURIAL, CREMATION, 236 DATE THEREO	F 23c NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION (City of	r Town) (County) (State)
	Burial 11/21/6			
	FUNERAL DIRECTOR	ADDRESS ADDRESS	2So REC'D BY REGISTRAR 2SE	REGISTRAR'S SIGNATURE
		Reisterstown, Md.	DATE NOV 2 2 1988	Milanda Queda
~	A T A TIMETING OF MOSTO I	COTO COTO COMITÀ 1100	DAIR 1104 6 6 3555	Mulane Viedad

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

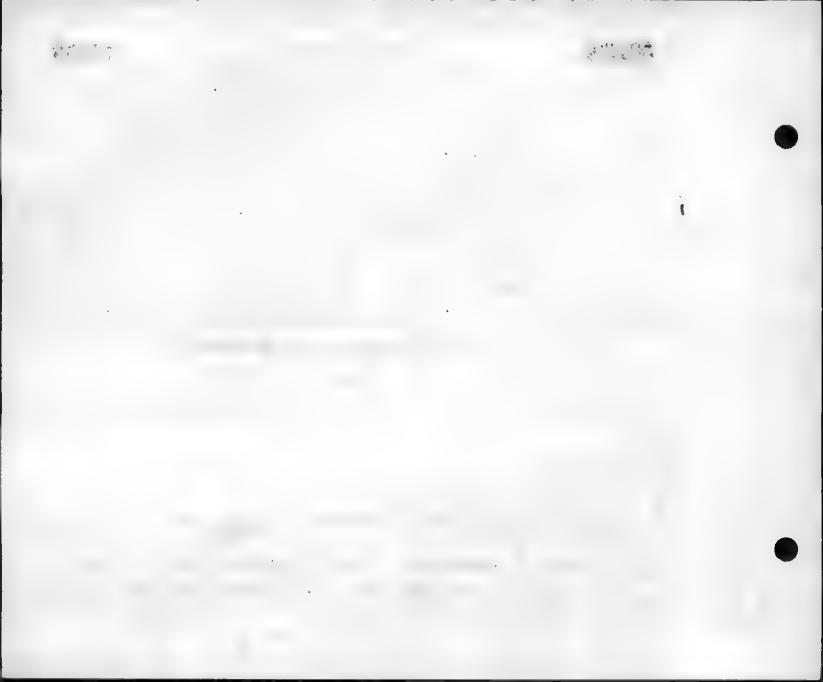
VR A15 (4) 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA  **EXAMPLE OF DEATH**	RYLAND
1.	PLACE OF DEATH U. 2. HISDAL RESIDENCE (Where deceased lived, if institution: Res	idence before admission)
	B. COUNTY BROLL MARYLAND B. COUNTY	<b>y</b> '
	b. CITY OR TOWN (if outside corporate limits, surle RURAL at Surle, RURAL and give nearest town)  LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL at BALTIMORE CITY)	nd give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	B. IS RESIDENCE
5	PRINGFIELD STATE HOSP. 3826 HICKORY AVE.	ON A FARM? YES NO
3.	NAME OF First Middle Last 4. DATE Month OF OF	Day Year 166
5.		YEAR IF UNDER 24 HRS
	WIDOWED DIVORCED 1-22-72 74 yrs. Months D	ays Hours Min.
10a duri	ing most of working life, even if retired) - INDUSTRY	IZEN OF WHAT
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1	2.//
15	ALFUS CRAMER SARAH Henley	
	WASDECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address / 5, 100, or unknown) (If yes give war or dates of service) 2/2-05-0932 A HOSP: 4a   Records - 5, 200, 200, 200, 200, 200, 200, 200, 2	.S HOSPITA
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A YOCARUM INFARCTION	3 hrs.
	conditions, It' any, which ) DUE TO ARTERIASCIERATIC CARLIEVASCULAR disease	
	gave rise to immediate cause (a), stating the DUE TO	
NO	underlying cause last. (c) [C] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CAC		PERFORMED?
CERTIFICATION	208. ACCIDENT WAS UNDERLYING [ ] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1 of Item 18.) OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL C	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (Count	ty) (State)
MED	Hour a.m.  p.m.  19   While   Not While   Factory, street, once ong., etc.)   Not While   At work   Not While   No	_
	21. I certify that (I) (this hospital) attended the deceased from	f that (I) (we) last
	22a. SIGNATURE 22b. DAT	TE SIGNED VOICE
	22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS C S Has P. Ta.	10-1766
	NAME (Type) SAMUEL P. WISE ITT SYRESUITE,	/Y)_() ·
23a	REMOVAL (Specify)	ty) (State)
24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250. REGISTRAR'S	SIGNATURE
1	DUTGE 1-UN EVEL 1900 3631 FA/B /2/ B2/ KDATE & I 1966   Glianles	Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15459 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after d**=**th PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a COJNTY b COUNTY MARYLAND CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate DSOR e IS RESIDENCE ON A FARM? papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS event, within 72 YES . NO 💢 NAME OF Midd e DATE Month Year First carban 0F DECEASED 1966 (Type or print) DEATH AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. SEX COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED aybr birthdoy) Months Dovs Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR COUNTRAS during most of working life even if retired) INDUSTRY 13. FATHER'S NAME STONE INFORMANT Address 15. WAS DECEASED EVER N.L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war ar dates of service) Б crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) ONSET AND DEATH PART I DEATH WAS CAUSED BY Oyean IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse the naspital ar attending this certificate has been Health prior to lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FICATION use NO YES ID 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOT FY MEDICAL EXAMINER MEDICA: 20e, PLACE OF INJURY (Home form (City or town) 20d INJURY OCCURRED (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street office bldg, etc.) Hour om. Not While ot work at work **DIRECTOR:** After Page 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased fram how 5. 1966 to now 5, 1966, that (1) (we) last 1966, and that death occurred at 2 3 M, fram causes and on the date stated above. saw the deceased alive on. 22b DATE SIGNED 220 SIGNATURE M.D. PHYS DIRECTOR PHYS director, page 3 should be filed v 22d\_ADDRESS 22c. PHYSICIANOS TO FUNERAL NAME (Type) NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) 230 BURIAL, CREMATION REMOVAL (Specify) EUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE ADDRESS 2So REC'D BY REGISTRAR VR A15 [4] 20 M 1/66 956 DATE



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15460	CERTIFICATE	OF DEATH		15460
O COUNTY CAPTOLL		2. USUAL RESIDENCE (W o STATE Marvla)	here deceased lived, if institut on Res b COUNTY	nederiek
b CITY OR TOWN (1 outside corporate limits, write RURAL and give nearest town)  Rural) Sykesville, Md.  d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	JOdays give street address		side carparate limits, write RURA, and  21701	(Rurel)
S S A Springfie	eld State Hosp	Route #6	4 DATE Month	Doy Year
Type or print)  S SEX  6 CO.OR OR RACE  7 MARRIED  Negro  WIDOWEE		DATE H	Fost, rthdoy) Mont	DER I YEAR IF UNDER 24 HRS this Doys Hours Min
10a USUAL OCCUPAT ON (G ve kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Frederic	State, or foreign country)	C TIZEN OF WHAT USA
John Davis		Alice Se		
(Yes no grupknown) (If yes give war or dates of service)		FORMANT	Address Rt 6 Frederic	k. Md
18 CAUSE OF DEATH (Inter only one couse per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse last	neumonia ssectino que	skysm o	Luse Fentine Aba	INTERVAL BETWEEN ONSET AND DEATH
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Acute brain syndrome	TO DEATH BUT NOT RELATED TO THE associated with	e TERMINAL DISEASE CONT Circulate	DITION GIVEN IN PART I(0) Ory disorder	19. WAS AUTOPSY PERFORMED? YES NO
GREATH OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (En	nter noture of injury in P	ort I or Port II of item 18 }	
B Hour a.m. ——— Whi		OF INJURY (Hame, form, y, street, affice bldg., etc.)	20f (City or town)	(County) (State)
21. I certify that (I) (this haspital) atters as the deceased alive on 11-19			11P_M, from couses and o	1966, that (3) (we) to on the date stoted above b. DATE SIGNED
Sergio In Pala	elo M.D	PHYS	MED STAFF DIRECTOR PHYS. 2	11-19-99
NAME (Type) Sergio M. Palac	23c NAME OF CEMETERY OR CR	Springfi	eld State Hospi	tal
236 BUR AL CREMATION, REMOVAL (Specify). BUR 18.1 11-23-66	Fairview  ADDRESS		23d. LOCATION (City or Town)  Frederick F  BY REGISTRAR 25b. REGISTRAI	(County) (Stote)
24. FUNERAL DIRECTOR  C.E. Hicks.111 Frede				ianles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please is made corban papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and incompletely, within 72 hours after depth-

TO MOSPITAL OR ATTEMBLIE FOR STATEMENT. The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 3 20 M 1/66

8 f 4FG V AND V AND

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

154	61		CERTIFICATE	OF DEATH		15461	
PLACE OF DEA	TH				Where deceased lived, if institution		an)
a. COUNTY	PARROLL		MARYLAND	a. STATE MAI	PYLAND 6 COUNT	CARROLI	_
b. CITY OR TOV	VN (If auts de corparate I m and give nearest town)	its, CLE	NGTH OF STAY IN 164	c. CITY OR TOWN (If a	stside carparate limits, write RURA	At and give nearest town)	
WEST	MINSTER	<b>1</b> 1	DAYS	WESTMI	YSTER	R2	
4	SP TAL OR INSTITUT ON (If I	1		d STREET ADDRESS		e IS RESI ON A F	DENCE ARM?
CARRO	OLL CO H	OSPITA		UNION	MILLS	YES 🔀	NO 🗌
3 NAME OF DECEASED	aran	rist /	Middle	Lost	4 DATE Month	4 1	ear
(Type or print)	GEONG	it EL		TERMAN	DEATH / VOV		6060
S. SEX	6 COLOR OR RACE	123		8. DATE OF B RTH	9 AGE (In years last birthday)	Manths Days Hours	R 24 HRS. Min
7 * /	I N	WIDOWED	D.VORCED	1111 16-14	103 83 yrs	LA CIT TON OF MINAT	
	T ON (Give kind af wark dan king (ite leven if retired)	INDUSTRY		M A B M	& State or foreign country)	12 CIT ZEN OF WHAT COUNTRY?	
13. FATHER 5 NAJ	KMEK	OWN	FARM	14. MOTHER'S MAIDEN	- MANG	45/7	
JAC	-	NTERK	h h A/	SUSAN			
	DEVER N L S ARMED FORCES	2 TA SOCIAL	SECURITY NO. 1 37	INFORMANT	BOSTIAN Addres	Da m	7
(Yes, na, arunkna	wn) (If yes give war ar dates	of service)	4.0000 11	TTIE DIN		ESTMINS	TER
1 10 CALISE C	F DEATH (Enter only one co	or for (a) (b)	7-0000 66	1116 MV	121/11/11/11/11/11	INTERVAL RE	TWEEN
PART I.	DEATH WAS CAUSED BY	Gerei	ral the	omboors		ONSET AND	DEATH
	2 X DII	t (a) F TO				1000	
	any, which gave	(b)					
	diate cause (a), { Inderlying cause } DU	E TO					
last.	)	(c)					
PART I OTHI	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL D SEASE COI	NDITION GIVEN IN PART 1(a)	19 WAS AUT PERFORM	OPSY MED 2
20g ACCIDENT OR CONTRIBU	neumon	z: Ch	onic lynge		Maria	YES 🛄	NO T
20g ACCIDEN	WAS UNDERLYING	205 DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury in	Part 1 or Port II of Item 18.)		
	TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)						
20c TIME OF Hou	INJURY Manth, Day, Year	20d INJURY (		CE OF INJURY (Hame, farm lary, street, affice bldg., etc.)		(County)	(State)
	p.m. 19	at wark 🗀	at wark				
21. l c	ertify that (I) (this ho	spital) attended th	ne deceosed from_	octro.	1966, to prov 1,	, 1966 , that (I) (	we) lost
	e deceased olive on_	YVOV /	_19_ <i>64</i> , and tha	t death accurred of	43°M, from causes a		d above
22a. SIGNAT	URI -	11 1			MED STAFF	22b DATE SIGNED	_
22c. PHYSIC	John 3	Haraka	M.	D PHYS. L	DIRECTOR L PHYS L	1201,196	Çu
NAME (	Type) 10HN	5, HARS	HEV IND		not. Wests	menster me	X.
23o BURIAL, CREM	MATION, 23b DATE TO	HEREOE 1 23c	NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Tow	m) (Caonty) (S	State)
REMOVAL (Sp		4-19/1	MT HAP	F	WOODSBO	' L .	
24 FUNERA DIR	ECTOR	1	ADDRESS /	2Sq. REC'I	D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE	
NIN H	Trister	ons /4	w West	282 NITE N	INV 2 1986 1	Misseles Jus	Lel.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. They pleads remove carban papers. Pages Fand, shauld be filed with the State Dept. at Health prior to burial, cremation, ar remained, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law majures that the death certificate be executed within 24 Mains after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

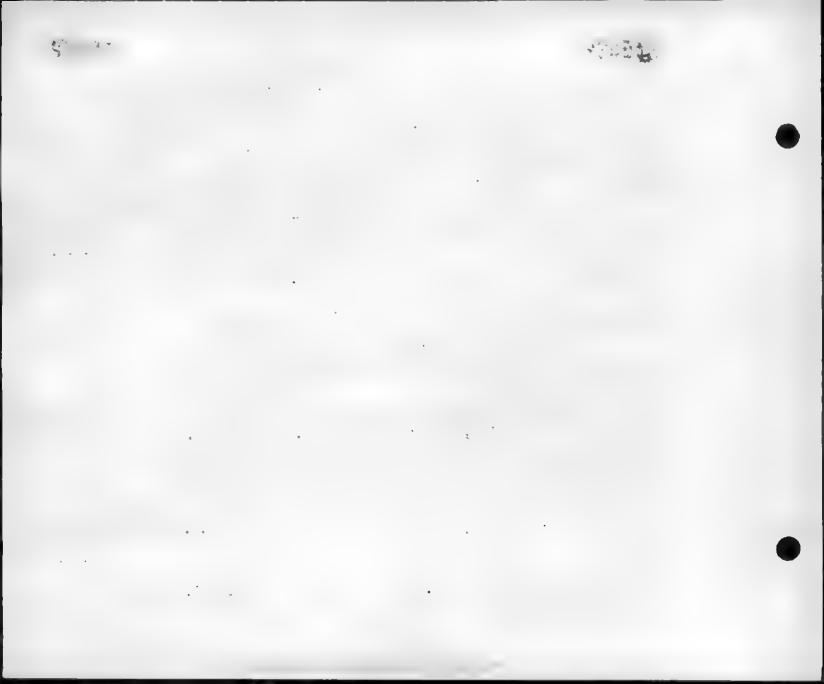
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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15462 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) COUNTY Carroll MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 write RURAL and give nearest town) Ovrs.6mos.12dvs. Sykaszilla Wolfield Rural-Tel Windsor d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) B IS RESIDENCE ON A FARM? d STREET ADDRESS R.D. Sprin Mield State Hospital YES NO 3. NAME OF Middle 4. DATE Month Lost Doy DECEASED ETTA ממכם BLANCHE November (Type or print) DEATH IF LNDER 1 YEAR IF JNDER 24 HRS DATE OF BIRTH AGE (In years S. SEX 6 COLOR OR RACE NEVER MARRIED 7 MARRIED Months lost birthday) Days Hours Write DIVORCED Female 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even it retired) COUNTRY? INDUSTRY Housewife U.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Rader John Garst WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes\_no, ar unknown) (If yes give war or dates of service) Records, Springfield State Hospital INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (a)\_ DUE TO Conditions, if ony, which gove Arteriosclerotic cardiovascular disease vears rise to immediate couse (a). DUE TO stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Psychoneurotic reaction, depressive reaction. Septicemia. NO 3 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) at wark at wark 13-17-55 19\_\_\_, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 5-5-36 \_\_19\_\_\_\_, and that death accurred at5:00 saw the deceased alive an\_ My from causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED 11-17-55 DIRECTOR opringifield State Hospital 22d. ADDRESS NAME(Type) Antonius Glahn, 44.D. Sykesville, Maryland 21781 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (State) REMOVAL (Specify) Pleasent Fill Co etery ire erick 24 FUNERAL DIRECTOR ADDRESS 1966 ervillo, id.

\$ \$ within 24 hillurs after completely filled in by the ove corban papers. Page revent, within 72 hours a exacute remove eose that the dmath certificate a 5 signed by the offer buriol-transit perm buriol, cremation, o be retained by the hospital or ottending hos been : os the prior to certificate horched for use pt. of Health p TO FUNERAL DIRECTOR: After this director, poge should be filed VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH de at PLACE, OF DEATH 2. USUAL RESIDENCE (Where deceased aved, funstitution Residence before admission) a COUNTY b COUNTY MARYLAND papers. Pages 1 vin 72 haurs after KINT INC. by the tr Pages b CITY-OR TOWN (If outside corparate mits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate +mits, write RURAL and give nearest town) white RURAL and give nearest town) Bulto. d STREET ADDRESS e IS RESIDENCE NSYTUTION (If not in hospital give street address) within 72 1616 Hardande NO 5 Midd e NAME OF DECEASED and in any event, (Type or print) IF LINDER 1 YEAR SFX 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS NEVER MARRIED last b rthdoy) Months Doys Hours Sest 29, 1890 DIVORCED WIDOWED 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 10a HSLAL OCCUPATION (Give kind of work done **COUNTRY?** during most of working life, even if retired) INDIISTRY Housenfe Maryland 14. MOTHER S MAIDEN NAME 13 FATHER'S NAME or remayal, matthews america 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) crematian, INTERVAL BETWEE 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSEX AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO burial, Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause as the 19 WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL Health NO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INSURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Hour p.m. Not While ot work 21. I certify that (1) (this haspital) attended the deceased fram\_ 1966 to horal 6 1966, and that depth occurred at PM, from causes and an the date stated above. saw the deceased alive on MAN SIGNATURE 220 director, page 3 shauld be filed v M.D DIRECTOR 22d PHYS CIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23h. DATE THEREOF 23d LOCATION (City of Town) (County) 230 BURIAL, CREMAT ON 11-29-66 REMOVAL (Specify) Weller. FUNERAL DIRECTOR 2So. REC D BY REGISTRAR VR A15 (4) 20 M 1/66

The law requires that the death certificate be exacuted within 24 hours after death or attending the hospital ATTEMD be retained by Paga 4 may 1

signed by the burnal-transit p

has

this certificate b

FUNERAL DIRECTOR:

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funeral and

filled in 1

campletely

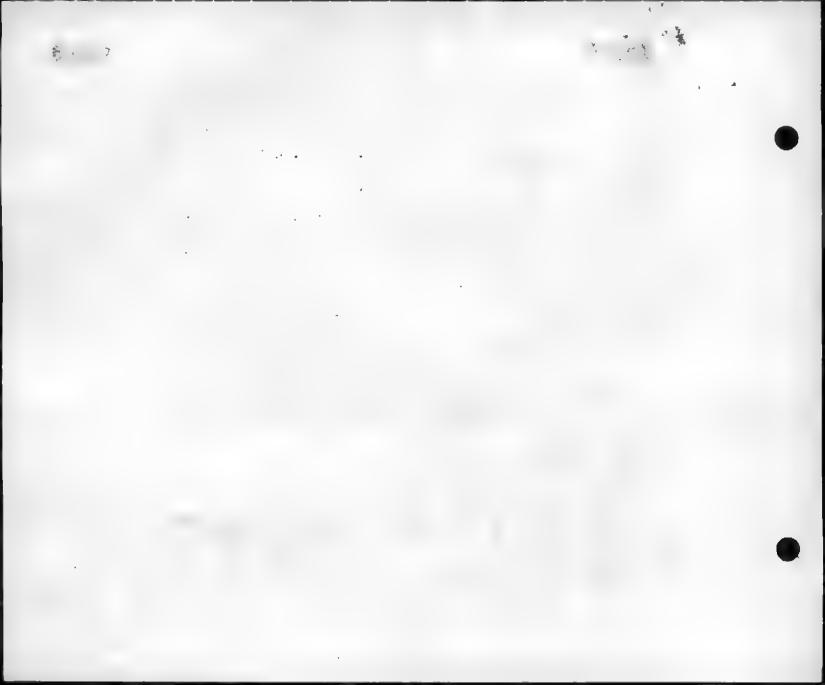
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, funstriction Residence before odmission) 1 PLACE OF DEATH b COUNTY a COUNTY CARROLL CLENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate mits. write RURAL and give negrest town)
WESTIN INSTER 50 YRC. ESTMINSTER a NAME OF HOSPITAL OR INSTITUTION (IF not in haspital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS CARROLL CO. GENERAL HOSP NO P 3 NAME OF Middle Month OF DEATH DECEASED
(Type or print) IF JNDER 1 YEAR 9 AGE (In years FUNDER 24 HRS NEVER MARRIED lost birthdov) Months DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done COUNTRY? during most of warking life, even if retired) INDUSTRY CARROLL CO. MD HOUSE- NIFE
13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME MARY HAINES WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes a ve wor or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO buriol, Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? sbetruction NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18) 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour om. factory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased from how 26 , 19 66, ta how 26 . 1964, that (1) (we) last saw the deceased alive an 26 1966, and that death accurred at 6 2 M, from causes and on the date stated above. 22b. DATE SIGNED 220 SIGNATURE 22d ADDRESS 27c PHYSICIAN'S HINS HARSHEY M.D. O FUNERAL director, po should be f NAME (Type) 230 BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) 24. EUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

be executed within 24 hours ofter death. requires that the Jeoth certificate Nage 4 may



---15465 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

CCIOL: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. The page second carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15/65

CERTIFICATE OF DEATH

15465 15465

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edin ssion)
	a. COUNTY MARYLAND	South Caty
1	b. CITY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
12	write RURAL end give neerest town	But in man of
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
17	The Salar and the salar and the	ON A FARM?
12	NAME OF First Middle	Less DATE Month Day Year
3.	DECEASED	OF
-	(Type or print) Cennie The	came DEATH // 9 1966_
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
1_	terrole to hele, WIDOWED DIVORCED []	June 27, 1884 82 yrs.
10.	s. USUAL OCCUPATION (Give kind of work principle) 10b KIND OF BUSINESS OR INDUSTR's design most of working life, even if retired)	V - 1
	Housewill	Cefalue, Staly 43 A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Juseph Imbroquelo	Larah Barrance
	The state of the s	NFORMANT Address 2016 But she
(1)	es, tod, or unknown [ (If yes give war or detes of service) 7/5, <70 = 63670 [].	Smith Floren Meile it is an
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	On Tomos elevens - ONSET AND DEATH
	IMMEDIATE CAUSE (6) Cerebral -	wood to the same of the same o
	DUE TO T	to the Commenter
	Conditions, if any, which gave rise to immadiate ceuse	Syms-
	(a), stating the underlying DUE TO	ar Discore
	cause lest (c)	
N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED?
CERTIFICATION		YES NO W
I	200. ACCIDENT WAS UNDERLYING [ 206 DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH	Enter neture of injury in Part I or Part II of Item 18 ,
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour s.m. While Not While st work 19 at work st work	ory, street, office bldg., etc.)
	21.   certify that (1) (this hospital) attended the deceased from	12/7, 1965 to 1/1/9, 1966 (hat 1) (we) last
		death occurred at 10 3M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	1111 +1 1-11	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	D. PHTS.
	NAME (Type) WI I + - O A TO M.S.	Adarchester, Md 111
_	BURIAL, CREMATION, 23b. DATE THEREOF 123c NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (State)
23.	REMOVAL (Specify)	
E	Of Continues I have a state of the state of	
E. 7	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25h. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE
.1 6	ILLRICH PUNEILAL HOME YOUR 19ELA	IR RUD DATE NOV 1 4 1966 Pleaves Judge

VR A15 (4) ISM 7-62

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

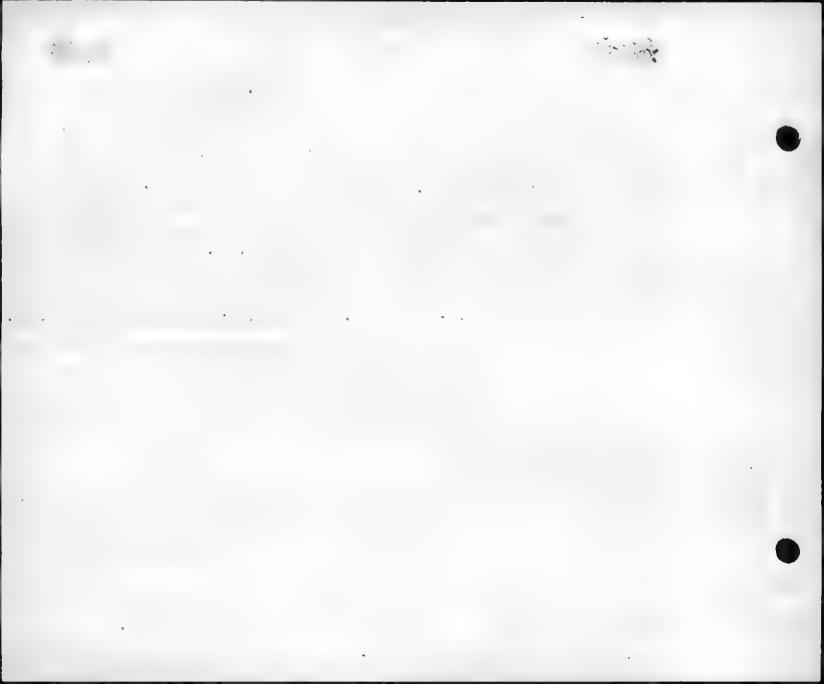
1546	6	CERTIFIC	ATE OF DEATH		1546R		
1. PLACE OF DEATH				(Where deceased lived, if institution			
o COUNTY	Carroll	MARYLAN	ND O. STATE	d. b. COUN	Carroll		
	(If auts de corporate limits,	c LENGTH OF STAY IN 1	b CITY OR TOWN (If	outside corporate limits, write RUR	AL and give nearest town)		
Finksou	and give nearest town)		Fink	sburg			
d NAME OF HOSE	TAL OR INSTITUT ON (If not in	hospital, give street address)	d. STREET ADDRESS		e IS RESIDENCE DN A FARM?		
Cedarh	urst Road		Gecar	hurst Road	YES NO 🔀		
3 NAME OF	First	Middle	Lost	4 DATE Monte			
DECEASED (Type or print)	James	E. F	rebertshauser		- , ,, ,,		
S. SEX		MARRIED NEVER MARRIED [	8 DATE OF BIRTH	9 AGE (In years lost birthdoy)	Months Doys Hours Min		
Male		WIDOWED X DIVDRCED [	Aug. 20, 18	91 75 yrs.			
during most of working	ON (Give kind of work done	106 KIND OF BUSINESS OR INDUSTRY	,	ty & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?		
Engineer	at Rosewood	State Hospital	Carroll		country? U.S.A		
13. FATHER'S NAME	9 400 9 1 4		14. MOTHER'S MAIDEN	I NAME			
	rad Frebertsh		Ma				
1\$ WAS DECEASED F (Yes, no_or unknown	VER IN J.S. ARMED FORCES? (If yes give wor or dotes of ser	16. SOCIAL SECURITY NO.	17. INFORMANT	Addre			
			Mr. Clifford	E. Frebertshaus			
	DEATH (Enter on y one couse p EATH WAS CAUSED BY	er line for (a), (b), and (c)	0 /	/	NTERVAL BETWEEN ONSET AND DEATH		
I CARLLE	IMMEDIATE CAUSE (o) _	Geseven	ac hen	wynage.	- 10 days		
Candidan Ba	DUE TO	Keeperdan	745		Veges		
	Conditions, if any, which gove nise to immediate cause (a), DUE TO						
stoting the unc	derlying couse	Tes lessos	clerosia		1 years		
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)						
S PAKE I WINEK	SIGNIFICANT CONDITIONS CONT	CIBBLING TO DEATH BUT NOT KEENTE	D 10 THE TERMINAL DISEASE C	DADITION O'TEN IN TAKE 1(0)	19 WAS AUTOPSY PERFORMED? YES NO		
S 200 ACC DENT M	VAS UNDERLYING []	205 DESCRIBE HOW INJURY OCCU	IDDED /Enter nature of injury/	Port Lor Port H of item 18 )	YES NO E		
OR CONTRIBUTION	NG CAUSE OF DEATH	200 DESCRIBE NOW INJURY OCCU	PRINCED. (Eliser Holoto di Injury II	11015 1 01 1 011 11 01 11857 10.)			
S 20 TIME DE U	FY MEDICAL EXAMINER) VIJRY Month, Doy Year	20d INJURY OCCURRED 20	De. PLACE OF INJURY (Home, fo	rm, 20f. (City or town)	(County) (State)		
20c TIME DE III		While Not While	factory, street, office bldg , et				
21   con	parti.	attended the decrosed fro	om /-/-	1940 10/1-6-	6 (9 , that (1)=1979) lo		
	deceosed give on		d that death occurred o	1 1	and on the date stoted abov		
220. SIGNATU		11/100			22b. DATE SIGNED / /		
	Trouve /	Laffell	M D PHYS.	MED STAFF PHYS	11-6-66		
22c. PHYSIC A)		10-11	22d_ADDRESS	6.4	on mo		
NAME (TA	m James 6	M34611	/ reis	iers lown,	Dallo Ma		
230 BUR AL, CREMA	TION, 236 DATE THEREC	P 23c NAME OF CEMETER	RY OR CREMATORY	23d LOCATION (City or Tov	, , , , ,		
Buria I	<sup>lty)</sup> 11/9/66	Evergreen					
24. FUNERAL DIREC		ADDRESS Mo			Clearly Judge		
O. F. ET	ine & Sons	Reisterstown, Md	DATE 1	10V 9 1966	The state of the s		

TIN INVERAL DIRICTOR: After this curtificate has been signed by the attending thys clan and completely filled in by the funaral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I/ and 2 should be filed with the State Dept of Health prior to burial, crematian, at removal, and in any event, within 72 haurs after deed. VR A15 (4) 20 M 1/66

within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the hospital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15467 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY by GOUNTY MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits, RURAL and give pearest town) 26 YR 8 MO Ida Baltimore d.NAME OF HOSPIAL OR INSTITUTION (If not in haspital, give street, address) d STREET ADDRESS S RES DENCE ON A FARM? 6202 WENNER Ave . B. NAME OF Eirs1 Mrddle 4. DATE Month Doy DECEASED VOV 050 ock (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 9. AGE ( n years 7 MARRIED NEVER MARRIED 6 Slast bythday) Manths Days Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHP ACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY OUNTRY? New York At Home Yousewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HIAUA 0015 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, go, or unknown) (If yes give war ar dates of serv ce INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO CERTIFICAT 20g ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. Not While at work 21. I certify that (I) (this haspital) attended the deceased fram. 66 and that death accurred at 73% M, from causes and an the date stated above. saw the deceased alive on\_a 220, SIGNATURE DATE SIGNED DIRECTOR PHYS. **ADDRESS** 22c PHYSICIAN'S NAME (Type) 23b. DATE THEREO 23d. LOCATION (City or Town) BURIAL CREMATION (County) REMOVAL (Specify) 11/3/66 Achim Arshe Shard

2Sa. REC'D BY REGISTRAR

25b

REGISTRAR'S SIGNATUR

III hours after death ve carban papers. Pages I event, within 72 haurs after filled requires that the death certificate be executed within campletely fi nave carban p remaye in any and cremation, ar removal signed by the burial-transit burial, cremati be retained by the haspital ar attending physician. Health TO FUNERAL DIRECTOR: After this certificate tached f Jept. af l director, page 3 shauld shauld be filed with the Page 4 may VR A15 (4) 20 M 1/66

de est

funeral

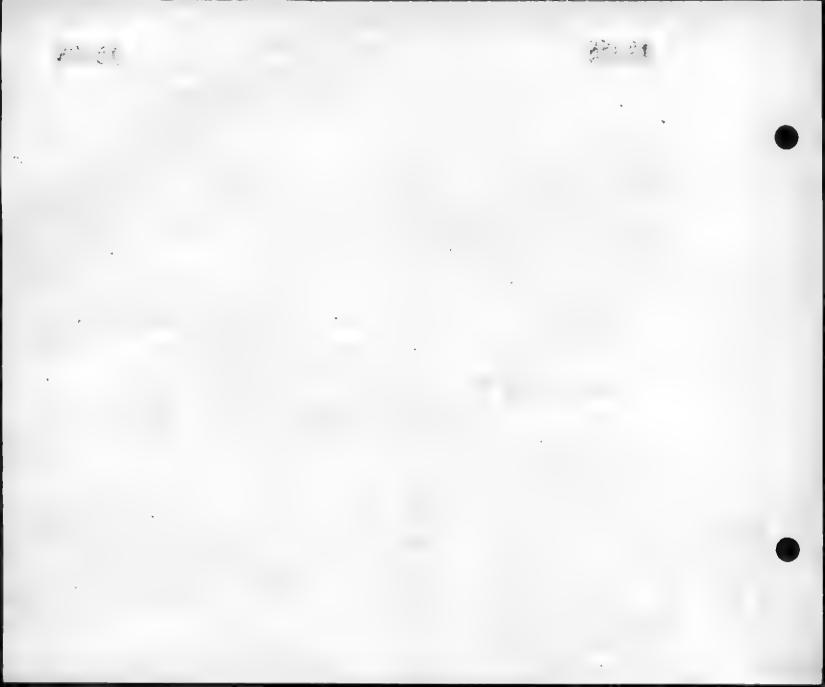
24 FUNERAL DIRECTOR

Sol Levinson & Bros. Inc., 6010 Reisterstown

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

15468			CERTIFIC	ATE O	F DEATH			15	468	
DEACE OF DEATH					ISUAL RESIDENCE (V		lived, if institut	ion: Residence	before odmission)	)
	Carroll		MARYLAI		Maryl	and	D. (00)	NIY Carro	11	
b. CITY OR TOWN (I	outside corporate limit	s,	c. LENGTH OF STAY IN 1	b c.(	ITY OR TOWN (If ou	tside corparate				
Taneyt	give negrest town)					Taneyto	own			
d. NAME OF HOSPITA	L OR INSTITUTION (If no	ot in hospital, g	ive street oddress)	d. 5	TREET ADDRESS				e. IS RESIDEN	NCE M2
York S	treet				Yor	k Stree	et			0 🛚
3. NAME OF	Fi	rst	Middle		Lost	4 DATE	Mon		Doy Year	
DECEASED (Type or print)	Ca	rel	Emanuel	F	rock	OF DEATH	Novem	ber	23 19 6	6
S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	B DA	TE OF BIRTH	9	AGE (In years		EAR IF UNDER 2	
Male	White	WIDOWED	DIVORCED [	Apr	11 17, 19	03 6	sst birthdoy)	Months D	loys Hours	Min.
Do USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR	- 11	BIRTHPEACE (County	& State, or forex	gn country)		EN OF WHAT	
during most of working Sales n	ite, even it refired)	Bake	oustry Route		Maryland			U.S.	A.	
13. FATHER'S NAME		1	- 11	14.	MOTHER'S MAIDEN N					
Je	sse W. Fro	ck			Sarah	Fink				
IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFOR			Variation	Street		
No No	(If yes give wor or dates o	2]	18-32-1415	Mrs.	Carel Fro	ck		town.	44 -	
18. CAUSE OF DE	ATH (Enter only one cou							T	INTERVAL BETWE	
PART I DEAT	H WAS CAUSED BY	K- 1/2 11	onic Meso	BANKA	itis + Mu	joe ar	rlest		ONSET AND DEA	<u></u>
43.	/ DUE	1-1		10	genel	laction	-	,	20	
Conditions, if ony,		(b) (b)	Merion	cle	20060.	Dene	zalen	Ld !	degra	24
rise to immediat stating the under			,		0		V			
last.	)	(c)								
PART I OTHER SI	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY									
I Gra	ud Me	1 2	Tribe trees.	11:	inel Tip	10/11	Lean	242	PERFORMED	
200. ACCIDENT WAS	UNDERLYING [		SCRIBE HOW MUURY QUO	RRED. (Enter	noture of injust in I	Port I or Port II	of item 18.)			
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		" ()							
20c. TIME OF INJU	RY Month, Doy, Year	20d. II	IJURY OCCURRED 20		INJURY (Home, form		City or town)	(Count	Y) (Sto	(eto
Hour o.n	1.	While of work	Not While	factory, st	eet, office bldg., etc.)		/			
			ded the deceased fro	om 1/1/1	arotz 1	927- to.	11/23	> . 1900	a that (I) (w	e) la:
	ceosed alive an	11/15	19 6 g one	that dec	th occurred at			and an the	date stated o	abovi
220. SIGNATURE	1	7	,		*Trainlina	/uro	27.477	22b. DATE	SIGNED 1	
	(K. D.	Mel	augh		ITENDING HYS.	MED. DIRECTOR	STAFF C	] ///2	23/166	
22c. PHYSICIAN S	00	10	( )		22d ADDRESS		1	· N	1 /	
NAME (Type)	1/121	11/6	valgh		100	16-4.	tow	n,/1	al,	
230 BURIAL, CREMATIC	N, 23b. DATE TH	EREOF	23c. NAME OF CEMETER	Y OR CREMA	TORY	23d LOCA	TION (City or To	wn) (G	ounty) (Stol	ie)
REMOVA (Specify Burial	Nov.26	1966	Reformed	Cemet	ery	Tane	ytown,	Carro	ll, Mary	lar
24 RUNERAL DIRECTO	2.1 11 2 1	~	ADDRESS			BY REGISTRAR		GISTRAR S SIGI		
24 Monthly Distery	11. 110:11. 1		ABONESS		nMd DATE	2 5 198		ionely	ludge.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Their please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removel, and in any event, within 72 haurs after death IO HOSPITAL OR ATTENDING PHYSICIAN: IIIe law requires that the death certificate be executed within 24 Maurs aft death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66



and 2 degin

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after death.

VR ATS (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	19440	CERTIFICATE	OF DEATH		194111
1	PLACE OF DEATH			Where deceased lived, finst tution	
	6. COUNTY Carroll	MARYLAND	Maryland	Baltin	ore City
		LENGTH OF STAY IN 16	c CITY OR TOWN (4 od	tside corporate limits, write RURAL	and give nearest tawn)
	Sykesville 6yr	s.2mos.28dys		more #6	2 2
	d NAME OF HOSPITAL OR INSTITUTION (f not in hospita, give :	streat address)	d STREET ADDRESS	·	e. 15 RESIDENCE ON A FARM?
	Springfield State Hospital		4206 Powe	ll Ave.	YES NO 🔀
3	NAME OF First	Middle	Lost	4 DATE Month	Doy Year
	DECEASED (Type or print) (FILIPPO) PHILLIP	(NMN) G	ASPARETTI	DEATH NOVEMBE	
1	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	75		FUNDER 1 YEAR IF UNDER 24 HRS
	Mile White WIDOWED		1888	78 yrs	
10c	USUAL OCCUPATION (Give kind of work done 10b. KIND C	OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT
40	DOODE OF LIFE CTI ECT	Balto. City	Italy (Fi	rst papers in ]	913) Italy
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
L	Anthony Gasparetti		Theresa (		
15	es no or unknown). (If yes nive war or dates of service)		NFORMANT	Address	
L	No   212		ecords, Spr	ingfield State	
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), PART I, DEATH WAS CAUSED BY	(b), and (c).)	4		ONSET AND DEATH
	1MMEDIATE CAUSE (o) 113 OCA1	rdial infarct	lon		Days
	OUE TO		44		37
	rise to immediate couse (o), DUE TO	eral vascula	L GIRERRE		Years
	stoting the underlying couse [	al occlusion	loft log		Dama
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI			UDITION GIVEN IN PART 1(a)	I Days
NO	CBS with cerebral arterioso	Terosis, wit	h psychotic	reaction. Lat	DEDECORATED
FEA	latent syphilis. Uremia.			Part I or Part II of item 18.)	152 [] NO 40
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	I HOW MYORY OCCORNED.	Enter Holoso of Allory III	1011 1 05 1 011 11 01 11011 14.7	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeor 20d. INJUR'	Y OCCURRED 20e. PLAC	E OF INJURY (Home, form	20f (City or town)	(County) (State)
MEDICAL	Hour o.m. While	New Milette Courts	ory, street, office bldg., etc.		, ,,
			-18-60	2 - tall-16-66	, 19, that (I) (we) la
	21. I certify that (I) (this hospital) attended saw the deceased alive on 11-16-66	19, and that	death occurred at	3:15 Mi from causes an	d on the date stated abov
	220. SIGNATURE	7		MED CTACC	225 DATE SIGNED
	(Clare a ly	LEUE, M.		DIVERSON CO 11112" CO	11-16-66
	22c PHYSICIAN'S	· lo		ringfield State	
	NAME (Type) Octavio A. Ruiz, M			kesville, Maryl	
23	D. BURIAL, (REMATION, 23b DATE THEREOF 2	3c NAME OF CEMETERY OR		23d LOCATION (City or Town	
	Dultal	Holy Redeemer		Baltimor	
	4. FUNERA, DIRECTOR Teonard J. Ruck Inc. Balto.	Md 21214	2So. REC	D BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE



VISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY MARYLAND outside corporete limits, write RURAL and give nearest town; E. LENGTH OF STAY IN 16 b. CITY OR TOWN til outside corporate fimits write RURA's and give-searest town) d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ON A FARM? YES NO 3. NAME OF DATE Month OF DECEASED DEATH 19 6 6 (Type or print) AGE III YOURS | IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX MARRIED DINEVER MARRIED last birthday) Months Davs Haure WIDOWED [ DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) done during most of working file, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, ho, or unkown] | (If yes give wer or detes of service) INTERVAL BÉTWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), b), and (c ONSET AND DEATH PART I. DEATH WAS CAUSED BY. with IMMEDIATE CAUSE (a) DUE TO gava rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED, Enter neture of injury in Pert I or Pert al of item 18.) 20e. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, ' 20f. [City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, streat, office bldg., alc.) Not While While Hour a.m. at work al work 21. I certify that (I) (this hospital) attended the deceased from ...., that ((I) (we) last OM, from the causes and on the date stated above. ....., and that death occurred at L saw the deceased alive on 22b. DATE 22a. SIGNATURE SJGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. PUNERAL 22d. ADDRYS nampstead, Md. 22c. PHYSIC, AN'S NAME (Type) 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) O Emory Methodist Cemetery Carroll 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Tipton-Eline Hampstead. Md.

ARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

\$ 5 E

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH 15472 DIVISION OF STATISTICAL RESEARCH 15472 C CERTIFICATE OF DEATH

I.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	3. COUNTY ARROLL MADY AND	MARVIAND b. COUNTY CARROLL
_	D. CITY DR TDWN (if outside corporate limits,   c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)  /5 4RS	
- 1	1000/11/11/0/00	WESTMINSTER
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   8. IS RESIDENCE ON A FARM?
	SZGEORGE ST.	536EORGE ST. YES□ NO E
3.	NAME OF FIRST Middle	Last 4. DATE Month Day Year
	(Type or print) MITLIER TURNER IT	91NES DEATH NOU. 12 1966
5.	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 1	3. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Mun.
-	Wale What WIDOWED DIVORCED 1	FEB-16 1895 Toler Months Days Hours Min.
10a	USUAL DECUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
QUI	ing most of working life, even if retired)  OPERATOR CLEANING LPRECING FOR	CARROLL CO.MD. COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	LACOR A. HAINFC	ELIA M. SINGER.
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17.	INFORMANT Address OME
(Ye	s, no, or unkown) (If yes give war or dates of service)	STITE
		RS WALTER T. HAINES SR. ADDRESS_
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: MICE CONTINUE CONTINUE CAUSE (a) MICE CONTINUE CAUSE (a)	live to they organis Chair somo
	OUE TO	
	Conditions, If any, which ) on (Chication + )	(mur with book for (a 7-66)
	gave rise to immediate	about
	underlying cause last.	6,mo
20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTMOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY
ATI	CC . The Man of the Ma	PERFORMED?
FIG	Cigarelli Rnicki	YES NO 12
RT	OR CONTRIBUTING □ CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
CAI	21	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
103	Hour a.m. While Not While lat work	y, siteer, office blog., etc.)
≥	21. I certify that (I) (this hospital) attended the deceased from	acy / - 1946 to 2000 18", 1946, that (1) twel last
	saw the deceased alive on 7167 (62 1966 and that	death occurred at M, from the causes and on the date stated above.
	22a. SICNATURE	22b. DATE SIGNED
	C. Z. Billines lea M.D	ATTENDING MED. STAFF DIRECTOR PHYS.   11-14-66
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) 6. Le. 1.31/1/1295/00	Mostmeneliz 1 mid.
23a	BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
-	BREMOVAL (Specify) 11/15/66 PLFASANT D	PALLEY (FM. RUDA) WESTMINICTED MD
24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRARY 250. REGISTRAR'S SIGNATURE
	J.S. MINING G- WESTMINGTER, 1	10 - NOV 17 1996 Policyles Judge
1	7 1100000111100000000000000000000000000	DATE NUV

VR A15 (4) 20M I/65

TO FUNERAL DIRECTOR: After this mertificate has been signed by the attending physician med completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer death.



VR A15 (4) 1SM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

15473	51413	ION OI	CERTI	FICA	TE OF DE		OKE 1,	MAKICAND		1547	18
PLACE OF DEATH	CARROLL		MAR	YLAND	2 USUAL RESIDEN	CE (When		d lived. If institute b COUNTY	on Residence	before odmis	sion)
b CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOV	VN (If out	side carpo	prote limits, write R			n)
FINKS B	JRG				FINKSB	JRG				11	
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, o	give street	oddress)		d. STREET ADD	RESS				e IS RE	SIDENCE A FARM?
RT. 2, 1	30X 254-A				RT. 2	, BOX	254	-A		YES [	] NO □X
NAME OF	fil		Middl		last	- 4	I. DATE	Mor	ith	Day	Yeor
(Type or print)		INNE		HAN	N XXXXXXXX		DEATH			5	1966
SEX		7- MARI	NEVER MARK	RIED 🔲	B. DATE OF BIRTH			9. AGE (In years last birthday)		YEAR IF UND Days Hours	Min.
FEMALE	WHITE	WIDOW			2-2-191			49 yrs			
<ul> <li>during most of wo</li> </ul>	ON (Give kind of work tking life, even if retired	done 10b	KIND OF BUSINESS	OR INDUS	STRY   11. BIRTHPLAC	E (State or	foreign c	ountry)	12 CITIZ	EN OF WHAT	COUNTRY?
HOUSEWIF	3				MARY:	LAND				J.S.A.	
FATHER'S NAME					14. MOTHER'S MA						
	GEORGE R					RESA	POLL				
es no or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY N		IFORMANT			Add			
NO			NONE	MR	. ELMO L.	HANN	, RT	. 2, Box	25 <u>4-</u> A		
1	ATH [Enter only one co	ouse per li	ne far (a), (b), and (c	).]						INTERVAL B	DEATH
PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Car	cinoma of	panci	reas with	live	r in	volvement.		Oct.	29,
	DUE TO			-						101	
Conditions, if		Gas	tric hemor	rhage	e, Jondice	, An	emia		_	170	
gove rise to couse (a), stating		>								11-6	61
lying cause last	- ' '		nchial pne							77.0	- 0 0
PART II O	HER SIGNIFICANT CON	iditions <u>(</u>	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HETERMIN	AL DISEAS	SE CONDIT ON GI	EN IN PART	PERF	AUTOPSY ORMED?
OR CONTRIBUTION	'AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY	OCCURRE	D (Enter nature of in	njury In Pa	irt I ar Pai	rt (Laf item 18.)			
20c TIME OF INJU Hour g. m. p. m.		While	NJURY OCCURRED  Not while  k		ACE OF INJURY (Ha tary, street, affice b		20f. (Cit	y ar tawn)	(Ca	ounty)	{State
21 1 certify th	at (1) (this haspita	l) attend	led the deceased	d fram	Oct. 29	. 19	66.ta	Nov. 6	. 19_6	66 that (I)	(we) las
-	sed alive an No	*			leath accurred a					, ,	, ,
220 SIGNAYURE	rxx E	7	Hall'	文	ATTENDING PHYS	P	·M•	STAFF			SIGNE
22c PHYSICIAN'S NAME (Type)	Howard E.	Hall	, M.D.		22d. ADDRESS		Syke	sville, N	arylar	nd	
BULL CREMATI		OF.	23c. NAME OF CE		R CREMATORY Cemetery	1		Itimore,		(Sto	ite)
4. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		2:	50. REC'D			STRAR'S SIG		
OWARD H.	HITRRARD 41	ก7 นา	TKENS AVIO	JIE	21229	ATE NI	NV 1	0 1966	Mclian	reen les	der

2 . 1 . , À · • 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. When please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removar, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEI

MARYLA	ND ST	TATE DE	PARTI	MENT OF	HEALTH			
RESEARC	H AND	RECORD	S, 301 W	. PRESTON	I STREET,	BALTIMORE	1, MARYI	AND
	CEDI	HEICAT	E OF	DEATH			15/	74

_		19864	CERTIFICATE	C OF DEATH		0314
		PLACE DF DEATH		2. USUAL RESIDENCE (	Where deceased lived, 1f Institution: R	(esidence before admission)
V		a. COUNTY CARPOLL	MARYLAND	a. TO ARV	LAND B. COUNTY CF	IRROLL
		b. CITY OR TDWN (if outside corporate limits,	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outs	side corporate limits, write RURAL	and give nearest town)
1	P	RURAL and give nearest town)  RURAL WESTMINST	HER 6YEA	RS WE	STMINSTER	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS	- H. 7	e. IS RESIDENCE ON A FARM?
	2	KOUIETZ WE	STMINSIEN	KOU	1 = 17 -	YES NO
	3.	NAME OF FIRST DECEASED (Type or print)	Middle	Q A D ALIC H	DATE Month OF DEATH VIV	Day Year
	5.	DEV LO COLOR DO DATE	D NEVER MARRIED 8	B. DATE OF BIRTH	19 AGE (In years   IEIINDER	1906 11 YEAR IF UNDER 24 HRS.
		MALE WHITE WIDOWED	DIVORCED	MAR 2918	last birthday) Months	Days Hours   Min.
	10a dur		ND OF BUSINESS OR DUSTRY		y & State, or foreign country)   12. C	ITIZEN OF WHAT
	1	MACHENE OPER,	CONSTRUC	VION	TEXAS VI	VITED STATE
	13.			14. MOTHER'S MAIDEN I		
	15	Unknown  NAS DECEASED EVER IN U.S. ARMED FDRCES? 16. S.	SOCIAL SECURITY NO.   17.	INFORMANT	A Anddress 4	100000000000000000000000000000000000000
		es, no, or unkown) (If yes give war or dates of service)	DE 16-77411	M 25 W	16 HAM HAI	NSBOROUGH
		18. CAUSE OF DEATH [Enter only one cause per lin	te for (a), (b), and (c).]	KOUTE	HI WEST	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY.	NOESTIVE	- 17 EART	FAILURE	ONSET AND DEATH
		5 U I DUE TO	2.4.5	4	1.10 - 4-1 - 1	
		Conditions, if any, which gave rise to immediate (b)	OCAILUII	46 INFK	+RCTION	
		cause (a), stating the DUE TO	TED1681	LENGTIC	CARDIOVASCUL	144 LOYEA
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	7 2 7 2	20,0	-1,/1	19. WAS AUTOPSY
	CERTIFICATION					PERFORMED?
	RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DE	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inju	ury in Part I or Part II of Item 18	.)
		OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	Name of	JURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town) (Cou	unty) (State)
	ME	p.m. 19 at work	at work			-/-
		21. I certify that (I) (this hospital) attended		, 190	2 to 10 15, 19 5	the data stated above
		saw the deceased alive on // 122a. SIGNATURE	19 100, and that	death occurred al 62	2M, from the causes and on t	DATE SIGNED
		Marin X WOVI	Juer M.D.	ATTENDING MED.	CTOR STAFF	-15-66
		PHYSICIAN'S NAME (TYRE)	GILLIVEN	22d. ADDRESS	CE DE WEC	+WINKSTER
	232	BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY	OR OPENATORY	23d. LOCATION (City, town or con	1411036000
	_	REMOVAL (Specify)	Mt. Zion Ceme		York. Pa. R. D. 7	_
	24	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGISTRAR	
1	t	ichard A Lettle Li	ttlestewn, Pa	DATE NO	V 17 1966 Relia	when Judge

VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15475 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY. b. COUNTY Carroll Mary land Carroll MARYLAND b CITY OR TOWN (1 outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural-Hamps tead Rural - Hampstead d NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address) d STREET ADDRESS Upper Beckleysville Road Upper Beckleysville Road 3. NAME OF Middle Lost 4. DATE OF DEATH DECEASED (Type or print) HARMON GEORGE S SEX 6 COLOR OR RACE B. DATE OF B RTH AGE (In veors IF UNDER 7 MARRIED NEVER MARRIED last birthdov) Months DIVORCED 11/3/03 WIDOWED Male White 10o USUA, OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT during most of working le, even if retired) COUNTRY? **NDUSTRY** Carpenter Mary Land USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME G. Glenville Harmon Florence Harmon IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Hamp stead RD 2. Md. 219-01-3/102 Mr. Wm. Harmon, Jr. 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 200 ACCIDENT WAS UNDERLYING [ 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part ) or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) Hour a.m. foctory, street, office bldg., etc.) While Not While ot work of work 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred at 5 A M, fram causes and an the date stated above. saw the deceased alive an. 220 SIGNATURE: 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. PHYS. DIRECTOR 22d ADJORESS 22c. PHYSIC AN NAME (Type) BUR AL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this director, page 3 shauld be filed w VR A15 (4) 20 M 1/66

death.

ban papers. Pages 1 within 72 hours after

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burial-transit per burial, crematian

prior tal peen

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signed by the burial-transit p

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by the funeral Pages 1 and

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filled

campletely

physician ( lease

**OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death

24. FUNERAL DIRECTOR Tipton-Eline

Burial

Hamps tead. Md.

Grave Run Cemetery

ADDRESS

12/1/66

2So. REC'D BY REGISTRAR 1966 DATEC

Balto

2Sb

REGISTRAR'S SIGNATURE liantes

(County)

e IS RESIDENCI

ON A FARM?

YES NO X

Year

1966

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

19. WAS AUTOPSY

PERFORMED?

, that (i) (we) lost

NO P

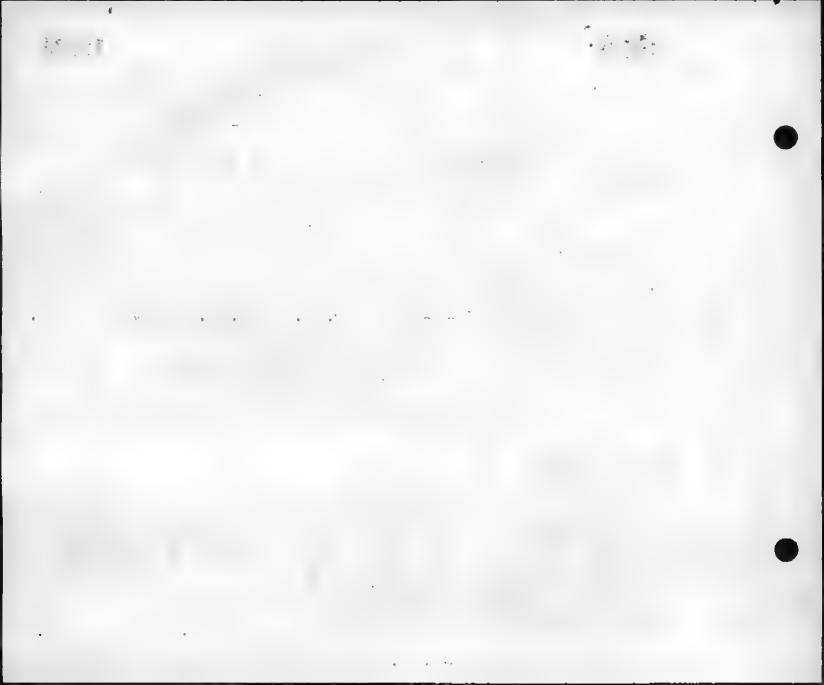
(State)

(State)

AND DEATH

1 YEAR

Days



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF BEATH a. COUNTY a. STATE b. COUNTY Carroll Carrol Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Rural-Hampstead Rural-Hampstead lay is nece 13 to the f Page 5 m d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours a Shiloh Road NO 3 Shiloh Road YES NAME OF DATE Month Day Year Middle 4. First Last OF DECEASED 166 F. HARRIS FORREST DEATH (Type or print) with: AGE (In years LIF UNDER 1 YEAR II FUNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours 7/2/1909 NX White Male DIVORCED [ WIDOWED . event 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) USA Maryland Carpenter pages I 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME W. Alice Frank Harris G. James 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ((fixes give war or dates of service) 229-07-89 Mary R. Harris. Hampstead, Md. WW2ves INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate OUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? NO X YES OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Pert II of Item 18.) 2De. EXTERNAL CALISE WAS PRIMARY | or CONTRIBUTING | 보급 CAUSE OF DEATH. 3 shoul (State) 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 2Df. (City or town) TIME OF INIURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. MEDI Not While at work CTOR: Page designated at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry the cert Undetermined manner Suicide Homicide death resulted from: Natural causes -Accident CHIEF MEDICAL EXAMINER your 22. DATE SIGNED Page for you SIGNATURE FUNERAL 1 please ex director. retained 1 **EXAMINER'S** -Medicas istributed total down la NAME (Type) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF 0 40 REMOVAL (Specify) **′18**766 Md. Burial Cemetary 25a. JREC'D BY REGISTRAR 25b. Hampstead FUNERAL DIRECTOR Tipton-Eline Fun. Home, Hampstead, Md. DAIE VR A15ME 35D0 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15477	CERTIFICATE	OF DEATH		15477
1.	PLACE OF DEATH O. COUNTY ARROLL	MARYLAND	2 USUAL RESIDENCE (When	re deceased lived, if institution b. COUNT	n: Residence before admission)
	b CITY OR TOWN (If outside corporate I in t write RURAL and give nearest tawn)			e corporate limits, write RURA	it and give nearest town)
	MAME OF HOSPITAL OR INSTITUT ON (IF IN	at in hospital, give street address)	d. STREET ADDRESS		e IS RES DENCE ON A FARM?
3		rst M. Addie	5350 Q	DATE Month	YES NO 4
	DECEASED (Type or print) NELL		MSTON		U. 20 1966 FUNDER I YEAR   FUNDER 24 HRS
S.	SEX 6. COLOR OR RACE  White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  DEC. 3, 188	9. AGE (In years lost birthday)	Months Doys Hours Min
dur	SJAL OCCUPATION (Give kind of work done in short of working life, even if reflect)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & St MURRALY		12 CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME ROBERT	EVANS	14. MOTHER'S MAIDEN NAM	, >	7.20
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (If yes give wor or dotes	16. SOCIAL SECURITY NO 17.	NFORMANT		12 HERBERT DRIL
	IB. CAUSE OF DEATH (Enter only one col PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	use per line for (a), (b), and (c).)	tre' Seart	Dieis	INTERVAL BETWEEN ONSET AND DEATH
	f 26 G DUE Conditions, If any, which gove	TO (b)			
	rise to immediate couse (a), stating the underlying couse last.	TO (c)			
NOITE	PART H. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port	I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21 I certify that (I) (this has	spital) attended the deceased fram	hor-20, 196	6 , to 200-20	196 c, that (I) (we) last
	220 SIGNATURE 5.	4. 1.	ATTENDING - ME		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) JOHNS	HARSHEY, M.D.	22d. ADDRESS	at. Wast	1
730	BUR AL CREMATION, 23b. DATE TH	EREOF . 23c NAME OF CEMETERY OR		23d LOCAT ON (City or Tow	LPH JOWA
24	FUNERAL DIRECTOR	ADDRESS	2So REC'D 8Y	REGISTRAR 256 REG	ISTRARS SIGNATURE Charles Judge

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212

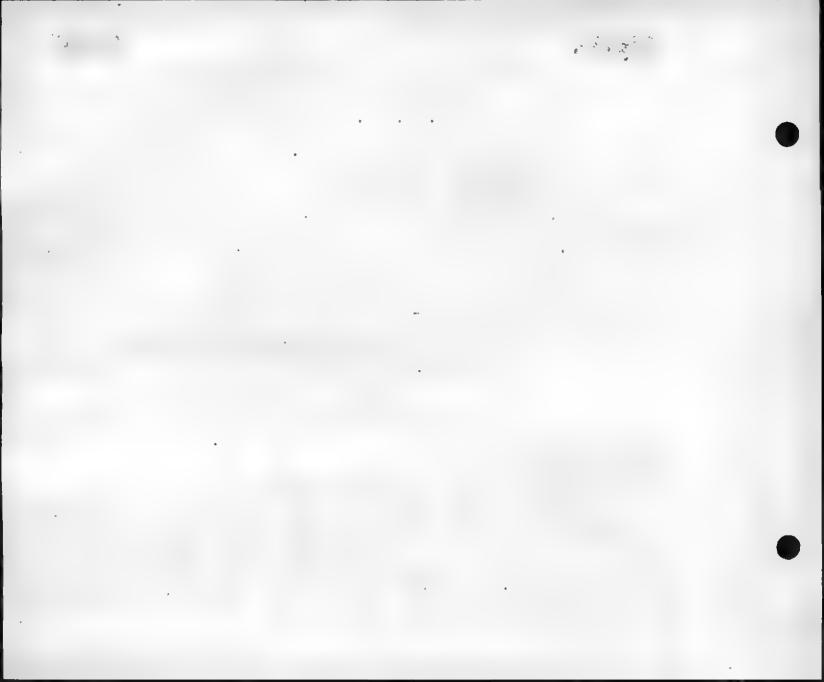
15478

CERTIFICATE OF DEATH

15478

	PLACE OF DEATH	arroll				2 USUAL RESIDENCE (V		h rou		ce before odm	ussion)	
-		If outside corporate limits		MARYLA  L. LENGTH OF STAY IN		Maryland  C. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest tawn)						
D	write RURAL on	d give neorestiown)	,	9y. 7m. 18		Baltimore		orore iimits, write Ku	KAL ONO GIVE	e negresi igwi		
		AL OR INSTITUTION (If no	Non-Bernstell	1 2	ue	d STREET ADDRESS	:			10.10.6	RESIDENCE	
		•	-	like zitéét ongtész)			n G1	1		ON	A FARM?	
_		ld State Ho				5 E. 33rd				1	NO DC	
	NAME OF DECEASED (Type or print)	Gene	evieve	Middle Tilden	K∈	ennard	4 DAT OF DEA	7.7		23	Year 19 66	
S	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9 AGE (In years	IF UNDER		VDER 24 HRS	
f	emale	white	WIDOWED	DIVORCED		2/3/87		7 ast birthdoy)	Months	Doys Ho	ırs Mın.	
	usua. occupation ing most of working Practica.		11 BIRTHPLACE (County Maryla		r foreign country)		TIZEN OF WHA	SA				
13.	FATHER'S NAME	7704.00				14. MOTHER'S MAIDEN N			-			
	Edward Ke	ennard				. Sparks ,	Emm	na				
15,	WAS DECEASED EVE	R NUS ARMED FORCES? (If yes give wor or dotes a	16	SOCIAL SECURITY NO.	17	NFORMANT		Adás	ess			
(Ye	es, no, or unknown)	(If yes give wor or dotes a	service)	20-30-5899	Son	ringfield St	tate	Hospital	record	ds . Svk	esville	
	Conditions, if ony rise to immediat stating the undelest.	e couse (o), (	(c)	left ventronary arter	rios	clerosis				Mim Year	rs	
CERTIFICATION	Schizon 200 ACCIDENT WA OR CONTRIBUTING	ohrenic read Sunderlying D DICAUSE OF DEATH	ction,	chronic un	difi	THE TERMINAL DISEASE CON <u>Cerentiated</u> (Enter noture of injury in i	type			19 WAS PERFO YES C	ORMED?	
MEDICAL (		MEDICAL EXAMINER)  JRY Month, Doy, Yeor n. 19	20d. III While	Not While		CE OF INJURY (Home, farmory, street, office bldg, etc.)		(City or town)	((0)	unty)	(Stote)	
	saw the d	fy that * (this has	pital) atten	ded the deceased fi 319 <u>66</u> , ar	ram nd tha	4/5/, 1 t death accurred at	57 // <del>7</del>	, ta <u>11/23</u> M, fram causes	and an t	he date sto	(we) last ated above.	
	K	220. SIGNATURE  LET LET LA ALLE M.D. ATTENDING MED DIRECTOR D STAFF D 11/23/66  220. EMPSICIAN'S D 22d. ADDRESS Springfield State Hospital									-1	
	22c. PHYSICIAN'S NAME (Type	Carlos G	• Lavi	n, M. D.		22d. ADDRESS	L.	ngileid S		A	al	
230	BURIAL, CREMATIC BREMOVALISPECTY	ON, 23b DATE THE 11=26=1		Chester (				LOCATION (City or To estertown	, Mary		(Stote)	
Wr	i funeral directo ii. Cook-B	rooks, Inc.	121	7 St. Paul	St.	250. REC'T	BY REGI	28 1966	EGISTRAR'S S	IGNATURE	ulas.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provision and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. There please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law remures that the death curtificate 📳 executed methin 24 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15479		CERTIFICATE	OF DEATH		1	5479			
	PLACE OF DEATH				Vhere deceased lived, if inst		e before odmissi	ion)		
	o COUNTY Carroll		MARYLAND	o. STATE Mary.	land	Wash	ington			
	b CITY OR TOWN (If outside corporate limits,	c LENG	TH OF STAY IN 16	C CITY OR TOWN (If or	tside corparate limits, write	RURAL and give	nearest lawn)			
(I	Rural) Sykesville	32y	6m 26d	Willi	immisport Rfd.	. 1	,			
	d NAME OF HOSP TAL OR INSTITUT ON (If not a	n haspital, give street	oddress)	d STREET ADDRESS			e S RES. ON A F	DENCE ARM?		
	Springfield State	Hospital		Downs	ville		TES [	NO X		
	NAME OF First DECEASED		Middle	Lost	4. DATE N	lonth	Doy Ye	egr		
	(Type or print) Charles	Frankli		pler	DEATH .	11	15 19	66		
5	SEX 6 COLOR OR RACE 7	7 MARR ED NE	VER MARRIED	8 DATE OF BIRTH	9 AGE (In years		Doys Hours	R 24 HRS.		
	M W	WIDOWED		10-3-00	66 yrs	5				
	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BU	S NESS OR	11 BIRTHPLACE (County	& State, or foreign country)		ZEN OF WHAT			
	60 day	-		Maryla		US	A			
13.	FATHER S NAME			14 MOTHER'S MAIDEN I						
Harry Kepler Clemmie M. Brandenburg										
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? us, no, or unknown) ((If yes give wor ar dates of s	16. SOCIAL SEG		INFORMANT		ddress				
Ĺ	no	219-5		Hospital R	ecords					
	18 CAUSE OF DEATH (Enter only one couse PART   DEATH WAS CAUSED BY.		4 7 7				ONSET AND			
	IMMEDIATE CAUSE (o)		al broncho	pneumonia			Days			
	goodhion if an orbish and	Damfamad	reboub bes	al ulcer			Day			
	rise to immediate couse (a), DIS TO									
	stating the underlying couse (c)									
			DUT NOT BELATED TO	THE TEDMINAL DISCASS COM	MITION CIVEN IN PART I/o		19. WAS AUT	OPSY		
NO.	PERFORMED?									
2	other than Syphil	is Enide	mic encep	halitis wi	th psychotic	c_react	30 At 2	H9 [_]		
CERTIFICATION	OR CONTRIBUTING LEI CAUSE OF DEATH	200 DESCRIBE INC	W INJURI OCCURRED	(cliver noture or micry in	ron : or ron in or near to.					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Doy, Year	20d INJURY OCC	HEREN 200 PLA	CE OF INJURY (Home, form	. 20f. (City or fown	Cou	ntv)	(Stote)		
MEDICAL	Hour o.m.	While Not	While foot	ory, street, office bldg., etc.)		, (500	11	12 4.01		
	21. I certify that (this hospi		decensed from	4-19	938 , to 11-	15 196	6 that 10 i	(we) los		
	saw the deceased alive an	11-15	19_66, and tha		9:45 M, from caus					
	220 SIGNATURE	. 3 -		ATTENDING	MED. STAFF	22b. DA	TE SIGNED			
	Keinz H.	Kaa	my M.	D PHYS. L	DIRECTOR PHYS	x 11-	15-66			
	22c. PHYSICIAN'S NAME (Type)			22d ADDRESS Springf	ield State 1	Hosnita	1			
	<u> </u>					-	<del> </del>			
236	BURIAL, CREMATION, 23b DATE THERE REMOVAL (Specify) 11 19		AME OF CEMETERY OR		23d LOCATION (City of		(County) (	State)		
	8 11-10	- 00 Bo	onsboro Ce			ro, Md.	CNIATURE			
	FUNERAL DIRECTOR	12 N.M.	ADDRESS STRE	ET,	101/					
1	OhN H. BAST, JR.	300NS60	RO Md	DATE	10 1 8 1966	75 40	was a	det-		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then clease remove carban papers. Pages / and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removed and in any event, within 72 hours after destin VR A15 (4) 20 M 1/66

- A P

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15480 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) Carroll b. COUNTY Allegany a. COUNTY Marvland MARYLAND b CITY OR TOWN (f autside carparate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate Froits, write RURAL and give nearest town) write RURAL and give negrest town) 19v. 9m. 13d. Rural--Sykesville Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) B IS RESIDENCE ON A FARM? d STREET ADDRESS Marion Street Springfield State Hospital YES NO DE 3 NAME OF DATE Middle Inst Manth Day Year DECEASED Annabelle DEATH 19 66 (Type or print) Lane F UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 68 last birthday) Manths Days Hours 10/29/98 WIDOWED DIVORCED white female 10a USUA, OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY USA Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME William Evans Emma Lancaster IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) 214-07-1938 Springfield Hospital records, Sykesville, no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Heart failure IMMEDIATE CAUSE (a). DUE TO Old myocardial infarct and severe coronary Canditians, if any, which gave vears rise to immediate cause (a). reterioscierosis stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Depressive reaction. YES 🏋 NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 200 ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour am. Not While factory, street, affice bldg., etc.) 19 at wark 19.66, that (th (we) last 21. I certify that (\* (this haspital) attended the deceased fram. 19 1.7 and that death accurred at 9:115 M. from couses and an the date stated above. 1966 saw the deceased alive an 220 STGNATURE 22b. DATE SIGNED 11/4/66 DIRECTOR Springfield State Hospital 22d. ADDRESS 22c PHYSiCIAN'S NAME (Type) Buyukunsal, M.D. Sykesyille. Maryland 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23s. LOCATION (City or Town) (State) 23a BURIAL CREMATION (County) REMOVAL (Specify) ./6/66 Cumberland Allegany . amuland Hillcrest Burial Park 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR arrland DATE 20 M 1/66

0 requires that the death certificate be exmicuted within 24 hams after dmath. death funeral gud ician and campletely filled in by the fui lease remave carban papers. Pages 1 and in any event, within 72 haurs after physician o attending physic permit then ple ian, of removal, c rransit permit, signed by the burial-transit p burial, cremati the physician. **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending as the priar tal has been TO FUNERAL DIRECTOR: After this certificate ha director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health p VR A15 (4).



e IS RESIDENCE ON A FARM?

ONSET AND DEATH

19 WAS AUTOPS

1966, that (1) (we) last

(County)

22b. DATE SIGNED

(County)

PERFORMEO? YES 4-NO

(Stote)

(State)

IF UNDER 1

12 CIT ZEN OF WHAT COUNTRY?

YES NO

CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 haurs after death puo 2. USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) funeral PLACE OF DEATH o COUNTY b. COUNTY MARYLAND ve carban papers. Pages I event, within 72 haurs after by Inc. Pages b CTY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN b c CITY OR TOWN (if duts.de carparate limits, write RURA, and give nearest fawn) write RURAL and give nearest town) 56 4RS WESTMINSTER ESTMINSTED d. NAME OF HOSPITA. OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS .= filled 6211/12/15 3 NAME OF Middle remove carban First 4 DATE campletely DECEASED OF DEATH (Type or print) JAMEC AGE (In years 6 COLOR OR RACE 7 MARRIED "NEVER MARRIED DATE OF BIRTH last b rthday) and in any D VOR CED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working rife, even if retired) IND STRY herr prease SALESMAN INDUSTRIAL 13. FATHER'S NAME or remova JAMES WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service) burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for signed by the burial-transit s PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse as the Espital ar attending last. hasi PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION certificate 20a ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) Hour a.m. foctory, street, affice bldg., etc.) Not While ŏ at work 21. I certify that (1) (this haspital) attended the deceased fram Nov 5 1966 to now 7 be reformed 19 6 6, and that death accurred at 5 3 M, fram causes and an the date stated above. saw the deceased glive an Trow 7. DIRECTOR: 22a SIGNATURE M.D. PHYS PHYS director, page shauld be fil∎d 22d. ADDRESS 22c. PHYSICIAN'S Page 1 may TO FUNERAL NAME (Type) BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ST. JOHNS CEMETER **FUNERAL DIRECTOR** 25b. REG STRARS SIGNATUR

VR A15 (4) 20 M 1/66

5" % h Le

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY Carroll by the and 2 death. MARYLAND b. CITY OR TOWN ('I outs de corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give neerest town) write RURAL and give naarast town) Sykesville, Baltimore Ē Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Pullen Nursing Home-8 First Ave. W. Bulvedere Ave. YES NO. completely papers. n 72 ho 3. NAME OF 4. DATE Month Year DECEASED OF William (Type or print) 19 66 Lvcett DEATH Nov. C carbon with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdey) Months Male WIDOWED [ DIVORCED hysician remove ( 10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) g phys Baltimore, Md. Timekeeper Steel Foundry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Then please Ann Rebeca O'Neill Michael Lycett IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Rose Lycett, 3011 W. Belvedere Ave. permit. 18. CAUSE OF DEATH [Enter only one causa per fine for (e), (b), and (c).] INTERVAL BETWEEN þ PART I. DEATH WAS CAUSED BY: Has been signed I to burial-transit per urial, cremation, or IMMEDIATE CAUSE (e) GRUE Conditions, if eny, which geve rise to immediate ceuse **DUE TO** (a), stating the underlying certificate lia ceuse lest. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION WAS AUTOPS Se o PERFORMED prior NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of Hem 18.) detached for it. of Health pr After this MEDICAL ATTENDING 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) be retained While Not While factory, street, office bldg., etc.) DIRECTOR: 3 should be define State Dept. o et work at work to. Ou 1900, that (I) (we) last 5M, from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE ATTENDING SIGNED death. Page 4 ICO FUNERAL. 1 director, page 3 be filed with the PHYS. 14 DIRECTOR HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION. 73b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Baltimore, Md. Cathedral Cemetery Burial 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) -- " Park Heights Av. Balto. 11 dont NO

ARYLAND STATE DEPARTMENT OF HEALTH

20M 5-63

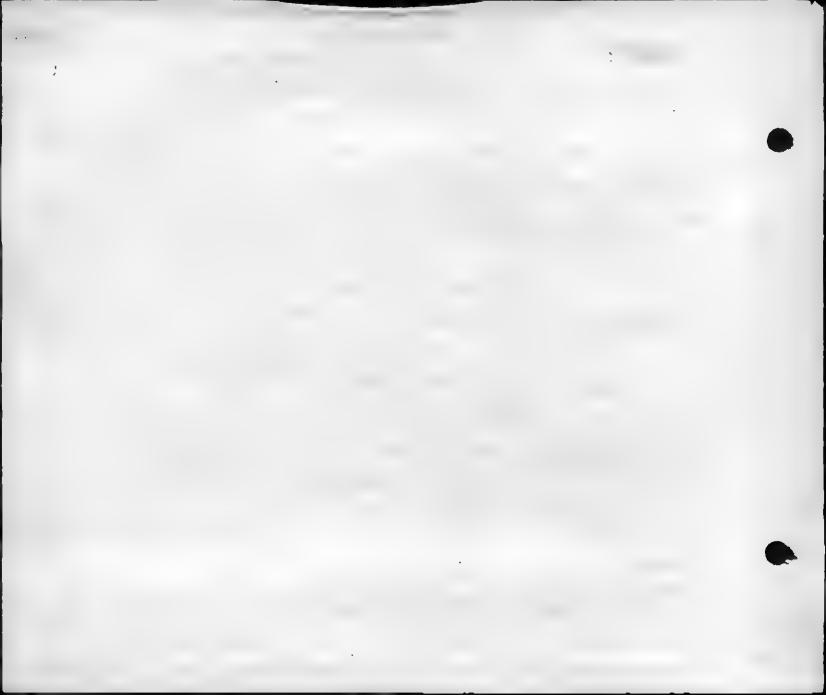
**ADDRESS** 

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

TO FUNERAL eBod

23. FUNERAL DIRECTOR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	19496	CEKTIFICATE	UF DEATH		19494			
	ACE OF DEATH			Where deceased lived, if institut on	. Residence befare admission)			
0	COUNTY	MADAL ALID	o STATE	b. COMNIA				
	Carroll	MARYLAND	Marylan	d was	hington			
þ	CITY OR TOWN (If autside carparate I mits, write RURAL and give nearest tawn)	C LENGTH OF STAY IN 16	C CITY OR TOWN (IF DE	tside carporate limits, write RURAL	ond give nearest town)			
	Sykesville	4 mos. 3 dys.	Hancock		21.			
d	NAME OF HOSP TAL OR INSTITUTION (If not in haspite		d STREET ADDRESS		o IS RESIDENCE			
			D 1. 11.	2	ON A FARM?			
-	Springfield State Hos		Route #		YES NO 55			
	ME OF First	Middle	Last	4, DATE Manth	Day Year			
(7)	(pe or print) DANIEI	OTHO	MILLS	DEATH Novembe	r 11 1966			
. SE		D NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years	FUNDER 1 YEAR   IF UNDER 24 HRS			
10	Tale White William	- Lab	3-2h-188h	0.0	Manths Days Haurs Min			
	WIII 00				12 CITIZEN OF WHAT			
Ja u		KIND OF BUSINESS OR INDUSTRY	11 RIKTHSFACE (Conut)	& State, or foreign country)	COUNTRY?			
F	mastafworking life even if retired) ailroad (retired)	Railroad	Maryland		U.S.A.			
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
	T M 16122-		35 T					
ic b	James M. Mills  VAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17 II	Mary Lo	Address				
Yes.	no, or unknown) ((If yes give war ar dotes of service)	IS. SOCIAL SECURITY NO. 17 B	TUKMANI	Addies2				
	Unk	213-16-1601-A	Records. Si	oringfield Stat	e Hosnital			
T	8 CAUSE OF DEATH (Enter only one cause per line				INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY.	Bronchopneumonia			ONSET AND DEATH			
	IMMEDIATE CAUSE (0)							
1.	Conditions, if any, which gave ) DUE TO Heart failure							
	rise to immediate cause (a)							
	tating the underlying cause DUE TO							
	lost (c) Arteriosclerotic heart disease							
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
CEKIIFICATION				,	PERFORMED?			
3 _					YES NO			
	ROG ACCIDENT WAS UNDERLYING (1) 205 OR CONTRIBUTING (1) CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in	Part i ar Part II of item 18)				
	IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	n, 20f (City or town)	(County) (Stote)			
Ş.	Haur o.m. W		rry, street, office bldg., etc.					
	pm 19 at work L at work L							
П	21. I certify that (1) (this haspital) att	ended the deceased tram	(-0-00	9 10 11-11-	6519, that (!) (we) las			
1	21. I certify that (1) (this haspital) attended the deceased fram 7-8-66, 19, ta 11-11-6519, that (!) (we) to saw the deceased alive an 11-11-66 19, and that death accurred at 15 Me from causes and an the date stated about 220. SIGNATURE							
-	220. SIGNATORE 22b. DATE SI							
	Dr. G. Jour W. Coling Phys Director Phys & 11							
1-	22c. PHYSICIAN S	1		ringfield State	Hospital			
	ALLESSY ST	END		vkesville. Marv				
	anisoning Grain	<del></del>						
	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d LOCATION (City or Town	) (County) (State)			
	REMOVA SURTAL 11.13.66	PARKHEAD E	U.B.	BIG POOL WA	SHINGTON MD,			
	FUNERAL DIRECTOR	ADDRESS	2501 RECT	BY REGISTRAR 256 REGI	STRAR'S SIGNATURE			
1	0 1 91	0 14	C. ALIVOV	BY REGISTRAR 25b REGISTRAR 1966	welly Judge			

TO IUNERAL FIRECTOR: After this certificate los billion signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Their please remove carban papers. Pages 1 and 2... should be filed with the State Dept. of Health priar to buriol, cremotion, or removed and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15485

CERTIFICATE OF DEATH

15485

		LACE OF DEATH						SIDENCE (V	Vhere deceos	ed lived, if institut		ice before o	dmission)/
	(	o. COUNTY Carri	oll		MARYLA	ND	o. STATE	Mary	land	b. COU	Was	hingt	on d
	ŀ	CITY OR TOWN (I	f autside corporate limit	ls,	C LENGTH OF STAY IN	16	c CITY OR T			te limits, write RU			
		Sykesv:	g ve nearest tawn)		25yr.2mo.2	ldy	5.	Hager	rstown	1		ж.	
	(	NAME OF HOSP TO	AL OR INSTITUTION (If n	at in hospital, g	give street oddress)		d STREET AL	DDRESS					S RES DENCE
		Sprin	gfield Stat	te Hosp	ital		Unkr	lown					NO X
1		NAME OF DECEASED	F	irst	Middle		Fo21		4 DATE OF	Moni		Doy	Year
j	(	Type or print)	NOI	RA	(MM) Agn	es	OWENS		DEATH	Novem		11	19 66
	S. S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		8. DATE OF BIL		9	AGE (In years last birthdoy)	Months		UNDER 24 HRS.
		Female	White	WIDOWED	DIVORCED	X.	8-14-			66 yrs			
	100	JSUAL OCCUPAT ON	(Give kind of work done		IND OF BUSINESS OR		11 BIRTHPL	ACE (County	& Stote, or fo	reign country)	12 CI	TZEN OF W	HAT
	auti	Housewif	9		DOSTR?					Maryland	1 "	U.S.A	
	13.	FATHER'S NAME					14 MOTHER	_					
		Eugene						lie Di	ickson	1			
	15 (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes)	of service)	SOCIAL SECURITY NO	17	INFORMANT			Addre	9 S S		
	(+6	No	(ii yes give wor or doles	2	20-54-6591	Re	cords,	Sprin	ngfiel	d State	Hospi	tal	
Н		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:											AL BETWEEN AND DEATH
		IMMEDIATE CAUSE (o) Acute pyogenic meningitis, ofganism unknown										day	
				TO									
		Conditions, if any, rise to immediate		(b)									
	stating the underlying couse DUE IO												
		(c) Bilateral bronchopneumonia									l da		
	NO.	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  19. WAS AUTOPSY Chronic brain syndrome associated with central nervous system syphilis  PERFORMED?											
	Z	meningo	<u>encephalit</u>	ic.	SCRIBE HOW INJURY OCC							YES	DG NO
	L CERTHICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	205 DE	SCRIDE HOW INJURY OCC	JKKED	feurar motore o	ir inforty its	ron ton ron	I II Or Henr ID )			
	MEDICAL	20c TIME OF INJU	IRY Month, Day, Year	20d II While			CE OF INJURY (			(City or town)	(60	มก†y)	(Stote)
	×	p.n	1. 19	ot wor	k 🔲 otwork 🔲								
		21. I certi	fy that (I) (this ha	spital) atten	ded the deceased fr	om	8-20-	11 , 1	9 = 10	0.11-11-6	<u> 55</u> , 19	, that	(I) (we) last
			eceased alive on_		_66_19, or	id tha	t death acc	urred of		A, Trom couses			stated above.
		220. SIGNATURE	1.70m	ins	Gran	~M.	ATTENDIN	G 🗆	MED DIRECTOR	STAFF 5		ATE SIGNED	66
П		22c PHYSICIAN'S			2.1-		22d. AD	DRESS S	ringi	field Sta	te Ho	spita	1
П		NAME (Type)	Antoniu	s Glahn	1, M.D.			S	ykesvi	ille, Mar	yland	1 2176	34
	230	BURIAL, CREMATIC			23c NAME OF CEMETE					CATION (City or To		(County)	(S101e)
		REMOVAL (Specify	Lan/ do	3/66/	Rest/Haver	ı Ce	ematary			gerstown			
10		FUNERAL DIRECTO	Contract C	1 Jours	Address.	20		25o. REC'E	BY REGISTE	1966 RI	GISTEARS S	SIGNATURE (	edat
V	F	lest Have	n Funeral	Capel	Hagerstown,	Mo	1.	DATE	A. T.	± 1000	1	100	7

TO HOSHITAL OR ATTENDING PHYSICIAN: The law requires that the Leath certificate be executed mithin 14 Lours after Leath. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and tompletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove Carbon papers. Pages I and should be filed with the State Dept. of Health prior to buriol, cremation, ar removal, and in any election with the State Dept. of Health prior to buriol, cremation, ar removal, and in any election. Page 4 may be retained by the haspital or ottending physicion.

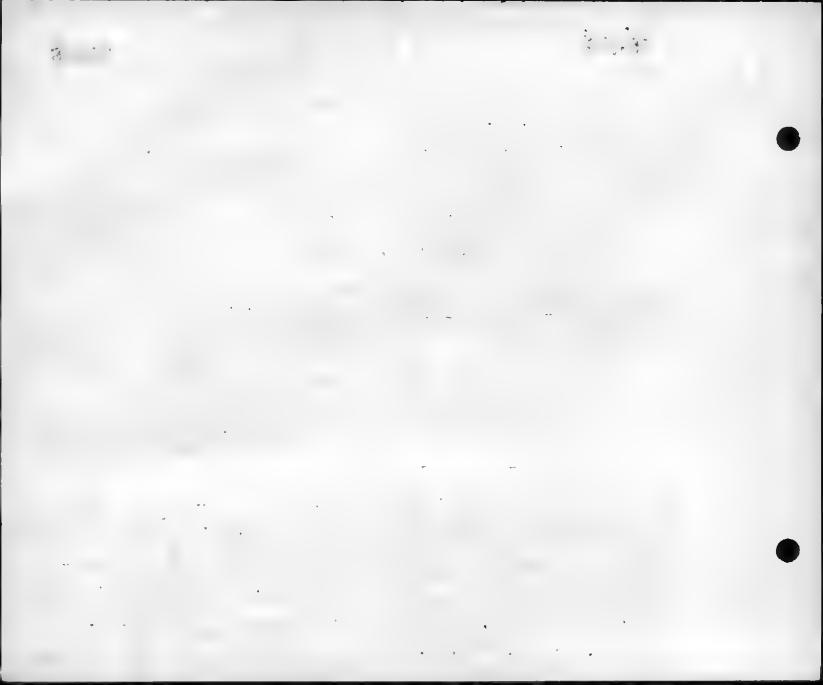
be executed within 24 haurs after deoth.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pshould be filed with the State Dept. of Health prior to burial, commation, or removal, and in any event, within 72 haurs.

VR A15 (4) . 5 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Page 4 may be retained by the hospital or ottending physician.

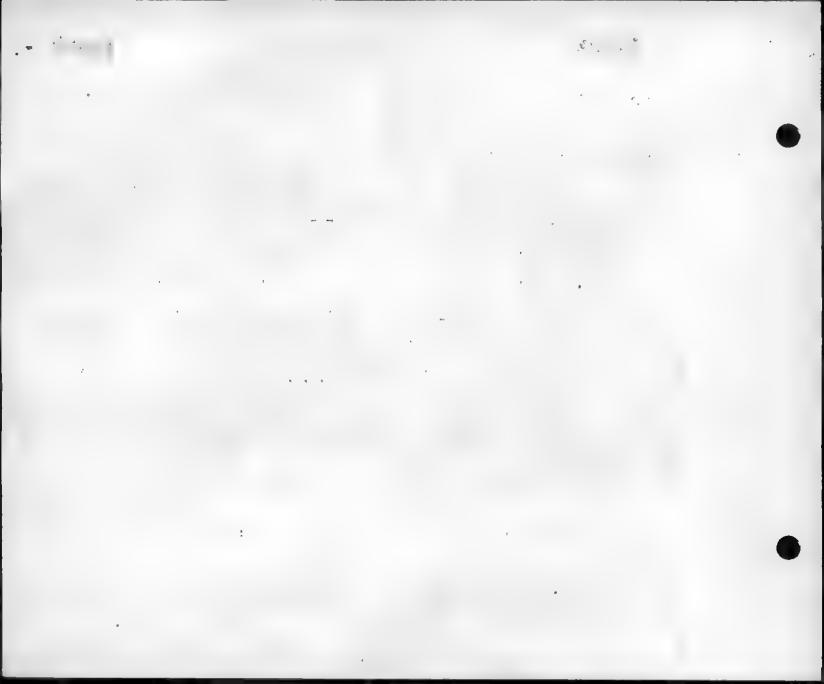
4 50	Division	of STATIST	TICAL RESEA	RCH AND RECORDS, 30	W. PRESTON STRE	ET, BALTIMORE, MARYLA	ND 21201	
15	486		2	CERTIFICATE	OF DEATH	14-5	15486	
o COUNTY	Carrol	1	-	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary:	Where deceosed lived, if institution b. COUNTY	: Residence before admission	n)
b. CITY OR RUral D	TOWN (If outside RAL and give ner Sykesv.	corporate limit	Md.	c. LENGTH OF STAY IN 16		tside corparate limits, write RURAU Lmore City	and give nearest town)	,
	HOSPITAL OR IN: Springf:			ive street oddress)	d. STREET ADDRESS	Gorsuch Ave.	e IS RESIDI ON A FAI YES	ENCE RM? NO
3. NAME OF DECEASED (Type or pri	nt)		rles	Middle Harry	lost Packham	4. DATE Month OF 11	Doy Year 15 19	66
S. SEX	6. COLO	R OR RACE	7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH 9-9-1878		F UNDER 1 YEAR	24 HRS Min.
during most of a	UPATION (G ve kir working lite, even stodian		McC	ND OF BUSINESS OR DUSTRY.	Maryland	& State or foreign country)	12 CITIZEN OF WHAT COUNTRY? USA	
13 FATHER'S I	vame w <b>ås</b> Pac	kham			14. MOTHER'S MAIDEN  Blizab	eth Sweeting		
15 WAS DECEA (Yes, no, or unk	ISED EVER IN U.S. /	ARMED FORCES?	of service)	704114 22401111 110	INFORMANT Lospital Re	Address cords		
Conditions	l I. Death was c	AUSED BY. MEDIATE CAUSE  DUE  OVE  (0), DUE	(o) <u>Ca</u> 10 (b) <u>B</u> R	(a), (b), and (c).) POLLO MA	unchia	o cum	INTERVAL BETWOODS AND DE	
PART II O	THER SIGNIFICAN	in syn	ontributing t drome	o DEATH BUT NOT RELATED TO associated wi	THE TERMINAL D SEASE COI	odition given in PART 1(0) ance of metabo	olism 19. WAS AUTO PERFORME YES 1	PSY D? NO
OR CONTR	ENT WAS UNDERLY BUTING ( ) CAUSE NOTIFY MEDICAL	OF DEATH -	205. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of Item 18.)		
	OF INJURY Mondour o.m.	th, Doy, Year		Not While foc	CE OF INJURY (Home, forn tory, street, office bldg., etc.			Stote)
21. saw 220 SJG	the deceased	(this has olive on 1	pital) attend 1-15	ded the deceased fram	t death occurred at  D. ATTENDING D. PHYS D. 122d ADDRESS	9.54 da 11-15 2:05 M, from causes ar MED DIRECTOR STAFF PHYS.		
	AE (Type) /- / REMATION,	23b. DATE TH	EREOF	ABRIT  1 23c. NAME OF CEMETERY OR  Baltimore Nati	Springfi	eld State Hosp  23d. LOCATION (City or Town Baltimor	) (County) (St	rote)
241 4				. Md. 21214		BY REGISTRAR 2Sb. REGI	STRARS SIGNATURE	il.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15487 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b COUNTY MARYLAND Carroll Mary land Monte b CITY OR TOWN (If outside corporate im ts. c LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Sykesville 2 months Rockville e IS RESIDENCE ON A FARM? d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Harrington YES NO 📆 Springfield State Hospital 3 NAME OF Middie 4 DATE Month Doy DECEASED Pinkowski (Type or pnnt) Telia DEATH November **Eir**ginia S SEX IF UNDER 1 YEAR 6 COLOR OR RACE AGE (In years 8 DATE OF BIRTH **NEVER MARRIED** lost birthday) Months Doys Hours DIVORCED 6-1-1889 Female White 100. USUAL OCCUPATION (Give kind of work done Ob. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Factory Worker Vinginia 14. MOTHER'S MAIDEN NAME TISA T. Minter Gertrude Harry Copeland WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Springfield State Hospital Records 578-14-6977 No CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH Days PART I. DEATH WAS CAUSED BY: Aspiration Pneumonia IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove Arterioscherotic C V D Years ase to immediate couse (a). DUE TO stating the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO CBS. With Cerebral Arteriosclerosis with Behavioral Reaction 200 ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I) of item 18.3 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work of work 21. I certify that (1) (this hospital) attended the deceased from 9/22/66 \_\_\_, that (1) (we) last saw the deceased alive on 11/21/66 ond that death occurred at 8215MM, fram causes and on the date stated above 19 SIGNATURE 22b DATE SIGNED DIRECTOR ADDRESS 22c PHYSICIAN'S NAME (Type) Dr. Antonius Glahn Springfield State Hospital 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVA. (Specify) Burial 11/26/66 Rockville, Md. Parklawn 24 FUNERAL DIRECTOR Funeral Home-1331 Rockville Rockville, Md. yson Wheeler

24 haurs after death funeral I and ter death ve carban papers. Pages I event, within 72 haurs after filled i letely | that the death certificate be exacuted campl гетпоче by the attending physician and co transit permit. Their please remo crematian, ar removal, and in any signed by the burial-transit p be retained by the hospital ar attending physician. as the has been far use Health TO FUNERAL DIRECTOR: After this certificate be detached for State Dept. af F ATTENHE 3 shauld with the CO. director, page 3 shauld be filed v Page 4 may b



FOR STATE HEALTH DEPT.

TO BEPUTY MEDICAL EXAMMER. This certificate whould be emecuted within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. The pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

DILLOS

MARYLAND STATE DEPARTMENT OF HEALTH

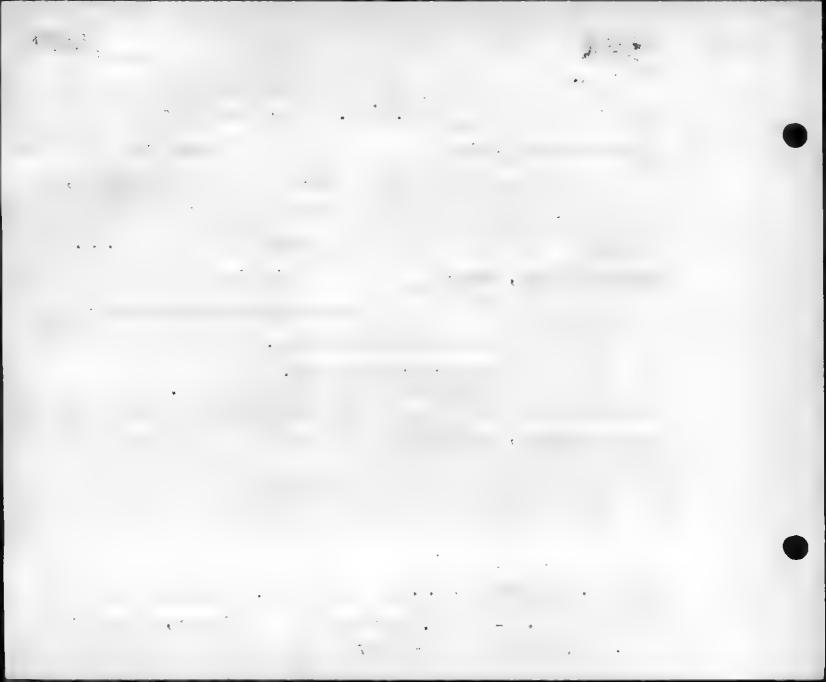
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 428 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15488

5488 MEDICAL EXAMINER'S

HOUSE DESIDENCE (Where decayed lived to Institutions Decidence before

a, COUNTY	n			a. STATE					
	Carroll	MARYLA		Mary	land				
b. CITY OR TOW	(N (if outside corporete limits, and give nearest town)	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o	utside corporate i	hmits, write	RURAL end	give nearest	town)
Sykesy		11 yrs./8	MOS	Balt	imore 21	22F		1	
	SPITAL OR INSTITUTION (if not			d. STREET ADDRESS				e. IS RESI	DENCE
Spring	field State Hosp	ital		3235	Elliett	Stree	t	YES	NO X
3. NAME OF DECEASED	First	Middle		Lest	4. DATE OF	Month	D	ay Year	
(Type or print)	Theodor			RATAJCZAK	DEATH	Nover		19, 19 (	
5. SEX	6. COLOR OR RACE   7. MARE	RIED NEVER MARRIED	X 8.	DATE OF BIRTH	9. AGE (		UNDER 1 YE	AR IF UNDER	24 HRS.
male	white WIDO	WED DIVORCED		11/21/12	53	yrs.	Dillis Day	a tionia	141111
10a. USUAL OCCUPA	FION (Give kind of work done   10 ling life, even if retired)	Ob. KIND OF BUSINESS OR	-	11. BIRTHPLACE (Sta	ate or foreign cour	itry)	12. CITIZI COUNT	EN OF WHAT	
dependen		None	1	Maryland			U.S.		
13. FATHER'S NAM				14. MOTHER'S MAIDE					
NUMBER OF	Ratajczak . Ant	làner		Pelagia S	obczak				
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. 18	FORMANT		Address			
no	(11 Acz dias was or basez di sesasce)	NO	Spr	ingfield St	ate Hospi	tal Re	cords		
	DEATH [Enter only one cause	per line for (a), (b), end (c).					1 1	TERVAL BET	WEEN
PART 1, D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nute myocardia	ll in	farction.				minute	
44 // 1	DUE TO	, 11 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
Conditions, if		oronary arteri	oscl	erosis.					
gave rise to	immediate (	xposure to col			t a must 1 on				
cause (a), s underlying cau	an Inst	thoams to cor	Lu we	er hilds entry a	DET AR OTO!			weeks	
	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	TRELATE	D TO THE TERMINAL DI	SEASE CONDITION	GIVEN IN PA	RT 1(a)	9. WAS AU	
Womto?					,			PERFORM	NO L
20a, EXTERNA	deficiency, und	DESCRIBE HOW INJURY	OCCURI	RED. (Enter nature of	injury in Pert I or	Part 11 of I	tem 18.)	144	
PRIMARY OF DEA	CONTRIBUTING []								
LO L		od. INJURY OCCURRED   20	e. PLACE	OF INJURY (Home, far , street, office bldg., et	m, 20f. (City or	town)	(County)	(\$	tate)
Hour a.		Yhlle Not While at work	1001013	, 31,001,0110001081,01					
	y that I took charge of the		/e. held	an Autopsy XI.	inspection	Inquiry	/ [], :	and in my o	pinion
	ted from: Natural causes	2	Suici		e , Undet	ermined m	anner		
7.	14.11/			CHIEF MEDICAL				•	
ACTUAL	Hours Ing	3/1601/		M.D. ASSISTANT MED	ICAL EXAMINER		4 44.7	22. DATE S	IGNED
SIGNATURE				,	L EXAMINER		) N/1	4 600	
EXAMINER'S NAME (Type)	W. Glenn Speich			Address (Street			Wille	the be	34
23a, BURTAL, CREI	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)								
Burial Ass			slau	5	Baltimor				
24. FUNERAL DIR		ADDRESS		25a. REC	D BY REGISTRAR		istrar's s		Lat
JUHN J.	DUDA, Baltimore	, Maryland 212	24	DATE	10V 2 3 19	966	- Company	and and	1

VR A15ME 3500 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1548	Q		CERTI	FICATE	OF DEATH			15489	}
PLACE OF DEATH					2 USUAL RESIDENCE (V	Vhere deceased			re odmissian)
o. COUNTY	rroll		MAI	RYLAND	o STATE MARY LA	nd	b. COU	Kllega:	איע
b CITY OR TOWN	I (If outside carporate im	its,	C LENGTH OF STAY		c CITY OR TOWN (It ou	is de corparate	limits, write RUI		
	and give neorest town)		llvrs.l	1ma	Cumberla				,
Sykesvi	TAL OR INSTITUTION (IF	of in hecuital i		TRICO	d. STREET ADDRESS	Ju		7. /	e IS RESIDENCE
			give siree: dod-ess)		***	n	, ,		ON A FARM?
	ield St. Ho				R.F.D. #1			LUVURE	AEZ NO X
NAME OF DECEASED		ırst	Middle		Lost	4 DATE OF	Mont	th Day	
(Type ar print)	Jessie	Maud	e R	esley		DEATH	Novemb		1966
SSEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIE	ED 🔲 8	DATE OF BIRTH		AGE (In years lost birthday)	Months Dovs	Hours Min
Female	white	MIDOMED	DIVORCE	ED 🔲	3-6-96		70 yrs.	Months	Hans mill
Oo USUAL OCCUPAT	ON (Give kind of work don	10b KI	ND OF BUSINESS OR		II BIRTHPLACE (County)	& State, ar fore	ign country)	12 CITIZEN O	
during most of working	ng life, even if retired)	8	oustry,		Md. Count	onland	1	COUNTRY	
13. FATHER'S NAME	350		TE TENTE	· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN N		<b>-</b>	الم تنه السلس	
1.14.7.7.4.	A WANDA				Annie J	Dontlo	hauson		
IS WAS DECEASED F	VER NUS ARMED FORCES	) 16	SOCIAL SECURITY NO	17. 11	ADD LO	A KILLING	Addre	255	
(Yes, na, or unknown	(If yes give war ar dotes	of service)	4.4				,,,,,,		
no			None		Springfield	St. H	ospital		
18. CAUSE OF	DEATH (Enter only one co								ERVAL BETWEEN ISET AND DEATH
TAKI L. DI	IMMEDIATE CAUS	(e) Hea	rt Failur	<u> </u>					
+		E 10							
	ny, which gave	(b) Care	inoms of	the R	ectum with l	letasta	sis		
rise to immedi stoting the und		E TO							
last.	)	(c) to t	he liver	and Th	nnos.			ye	ars
PART I., OTHER	SIGNIFICANT CONDITIONS				HE TERMINAL DISEASE CON	DITION GIVEN	IN PART 1(o)	19	WAS ALTOPSY
200 ACCIDENT V OR CONTRIBUTION								ν,	PERFORMED? ES NO
5 200 ACCIDENT W	VAS UNDERLYING 🗆	20h DE	SCRIBE HOW INTERV	OCCUPPED (	Enter nature of injury in F	Port Lor Port I	Lof item 18 \		(
OR CONTRIBUTION	NG CAUSE OF DEATH	200 00	SCHOOL HOUSE HOOK!	accounts !	Elifet Holoro of Indoty III I	011 1 07 1011	. 01 110111 10 }		
	FY MEDICAL EXAMINER)	201 11	JURY OCCURRED	1 00: 0146	F OF INTURY (II Z	. 20f.	(City or town)	(County)	(Stote)
20c TIME OF II	NJURY Month, Day, Year a.m.	While			E OF INJURY (Hame, form ry, street, office bldg., etc.)	, ZUI.	(City of fown)	(Edunty)	(2,016)
	p.m. 19	OI WOII	k 🔲 ot wark 🔲						
21. I cer	tify that (I) (this ho	spital) atten	ded the deceased	fram_1	-12-55	9, ta.	11-20-/	<b>56</b> _, 19, tl	nat (I) (we) la
saw the	deceased alive an_	11-20-6	×619	and that	death accurred at	12:50M	fram causes	and on the dat	te stated abov
22a. SIGNATUR	RE	1. 1.			ATTENDING	MED.	STAFF _	22b. DATE SIGN	IED
	Derguo	W al	all	M.D	PHYS.	DIRECTOR L	PHYS.	11-20-6	6
22c PHYS CIAN					22d ADDRESS				
NAME (Ty	pe) Sergio W	Palaci	.0		Sykesvi	lle, M	d		
23a BURIAL, CREMA	TION, 23b DATE TO	HEREOF	23c. NAME OF CEA	AFTERY OR C	REMATORY	23d 10C/	ATION (City or Ta	wn) (County	) (State)
BULLAR Speci	ify) 11/23				ial Park		erland.	Allegar	, , ,
24 FUNERAL DIREC		00	ADDRESS	in sur		BY REGISTRAL		GISTRAR'S SIGNATUI	
	no Goorno I	Zumbar D.		2		2 5 19		rante la	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician-sufficianpletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept, of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after deathy

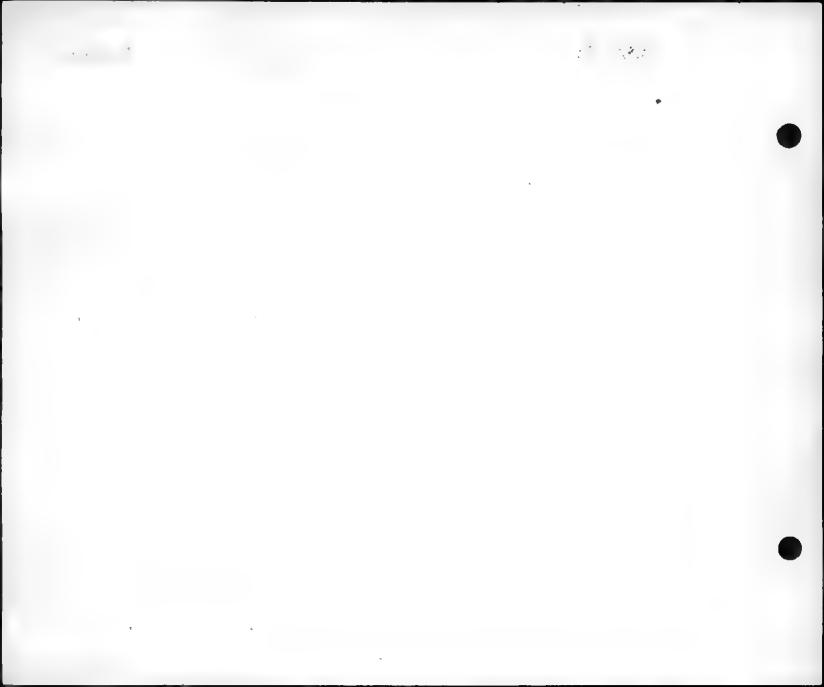
IN NOTHING IN ATTINDING ENTITIONS. The law requires that the seath certificate be executed within 24 haurs after deat

Page 4 may be retained by the haspital or attending physician.

VIII A15 (4) 20 M 1/66

A STATE OF THE STA 1. 1

Items 10&21 Film 305 12-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15490 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COLNTY b COUNTY 3 to Poge Carrol1 Maryland Carroll death MARYLAND b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RJRAL and qive nearest town) ofter Manchester WESTMINSTER d NAME OF HOSPITAL OR NSTITUT ON (If not in nospital, give street oddress)
Carroll County General Hospital e IS RESIDENCE ON A FARM? d STREET ADDRESS hours R.D. 1 Item 18. G ve Pages Stote [ YES NO 🔀 3 NAME OF Middle E<sub>r</sub>rs1 . ast 4 DATE Month event within 72 DECEASED OF 30 BRET RHOTON 19 66 November (Type or print) DEATH olong , AGE (In years 6 COLOR OR RACE B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Male White WIDOWED DIVORCED 8/18/66 Office 100 USJAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Mary land 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME pilinci This certificate shauld be executed within James Rhoton puo Joyce Bowers  $\subseteq$ IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN e, writing the ward 'peraling' is forwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dates of service) remaval James Rhoton. Manchester R.D.1 Md. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY ONSET AND DEATH Dehydration 0 IMMEDIATE CAUSE (o) cremation, DUE TO Conditions, if ony, which gove Enteritis rise to immediate couse (a), DUF TO stoting the underlying couse burial, a nsed WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? the certificate, YES [X] prior to NO be-200 EXTERNAL CAUSE WAS 20b DESCR BE HOW NORY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY I or CONTRIBUTING I should MEDICAL EXAMINER: CAUSE OF DEATH ogent, MEDICAL 20r TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy (x), Inspection . Inquiry [ and in my apinian the funerol director. death resulted fram. Natural causes X Hamic de Undetermined manner Accident Suicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or 11/30/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty Address (Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town) 230 BURBAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 0 REMOVAL (Specify) 12/2/66 Carroll Co. Md. Lake View Mem. Park, Inc. 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR ADDRESS 2Sb REGISTRAR S S GNATURE VR A15ME (5) Hamps tead. Md. DEC 5 Tipton-Eline 1966 6M 1/66 6-201986



the State Department 72 hours after death.

within with

event

pages |

permit. File p removal, and i

3 should be used as a burial-transit agent, prior to burial, cremation, or

TO FUNERAL DIRECTOR: Page of Health or its designated

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RALTIMORE 1 MARVI AND

	DITTO!	OII OI OIAIISIII	ME KEGE	AROH ARD RECORDS	, 301 W. PILLSTOI	A STALLI DALLIMON	L I INDICIENTO
	1549	1 M	EDICAL	EXAMINER'S	CERTIFICATI	E OF DEATH	<u> </u>
1.	PLACE OF DEATH						itution: Residence before admission)
	Carrol	1		MARYLAND	a. STATE Maryland	b. COUNT Bait	imore City
		N (If outside corporate and give nearest tow	e ilmits,	c. LENGTH OF STAY IN 15			te RURAL and give hearest town)
	Sykesvi		n)	6mos.8dys.	Baltimon	ne ne	21
_			N (If not in he	ospital, give street address)	d. STREET AOORESS		a. IS RESIDENCE
	Springfi	eld State F	lospita	1	3200 June	eau Place	ON A FARM?
3.	NAME OF DECEASED	FI	rst	Middle	Last	4. DATE Month	Day Year
	(Type or print)	MA	RY	ELLEN	RICHARDSON	DEATH NOVE:	MBER 21 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	8. OATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	WIDOWED		4-2-1884	82 yrs.	Months Days Hours Min.
10a dui	a. USUAL OCCUPATI ring most of work!	ION (Give kind of working life, even if ratire	one 10b. K	IND OF BUSINESS OR IOUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewif	е			Maryland		U.S.A.
13.	. FATHER'S NAMI				14. MOTHER'S MAID	EN NAME	
<u>.</u>	Greer K	ent			Alice Wh	niteford	
		VER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16.	SOCIAL SECURITY NO.   17.	INFORMANT	Address	S
,,,	No	(11) 41 311 11 11 11 11 11 11 11		5-50-2697 R	ecords. Spri	ngfield State	Hognital
		EATH [Enter only on		ne for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY JMMEDIATE CAUSE		negative sept	cicemia		ONSET AND OEATH
	+	OUE	, , ,				
	Conditions, if a			ndary to acute	suppurativ	e hemorrhagic o	evstitis
	gave rise to	and the second	(-,				
	cause (a), st	aring rite [		ondary to decu	bitus ulcers	. infected	
NO	PART II. OTHER S	IGNIFICANT CONDITIO	INS CONTRIBL	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY
ATI	CBS asso	c. with cer	ebral :	arterioscleros	is, with psy	chotic reaction	PERFORMED?
CERTIFICATION	Fractu: 20a. EXTERNAL	CALISE WAS	20b. (	ESPRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury In Part I or Part II of	(Item 18.)
ä	PRIMARY TO OF CAUSE OF DEATH	CONTRIBUTING	ily	Kuguno	ceuredo	revarfield	
		NJURY Month, Day,	Year   200. 1.	NJURY OCCURRED , 20e. PLA	CE OF INJURY (Home, fa		(County) (State)"
MEDICAL	3:80 p.m		de mari	Not While San facto	ry, street, office bldg, e		Carrolf Med
aC.				ains described above, he		Inspection , Inqui	iry [], and in my opinion

ACTUAL SIGNATUR EXAMINER'S NAME (Type)

Glenn Speicher, M. BURIAL CREMATION, REMOVAL (Specify) Burial

Natural causes

D. NAME OF CEMETERY OR CREMATORY 23c.

Ridge

Suicide

23d. LOCATION (City, town or county)

Homicide

CHIEF MEDICAL EXAMINER

Delta, Penna.

Undetermined manner

25b. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

Slate ADDRESS Delta, Penna.

REC'D BY REGISTRAR DATE

DATE SIGNED

(State)

VR A15ME 3500 4-64

TO DEPUTY MEDICA

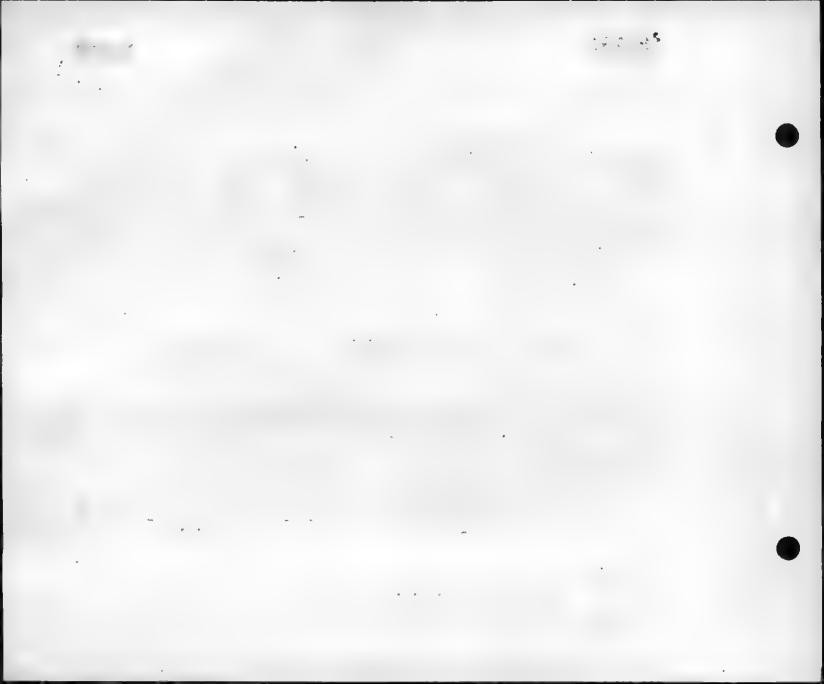
O DEPUTY MEDICAL EXAMINER: This certificate showed me executed mithin 24 hours after Meath. If may delay is Necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15492 CERTIFICATE OF DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and recorded filled in by the funeral director, page 3 should be detached for use as the burnol-transit permit. Then please remays carbon papers. Pages 1 and 2, should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after degth. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dissith. Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

-	a. COUNTY				MARY	LAMP	a. STATE		b. COU			V	
_	Carroll	autside corporate i mi	be.		LENGTH OF STAY II		CCITY OR YOWN (If ou	Ad	eta Birmata asserba DI	Balt:	imore	Ci-	ty_
	write RURAL and	give nearest town)	13,	1,	TEHOTH OF SIME II	1 10	C CIT OK TOWN (IS OU	nside carpar	are intras, write Ku	KAL DIIG 9 VE	(100182) 1	uwiij	
	Sykesvil						Baltimore	e				4 2	
-	d NAME OF HOSPITA	L OR INSTITUTION (IF I	at in haspit	al, give s	treet address)		d STREET ADDRESS				6.	IS RESID On A FA	ENCE PM2
	Springfi	eld State	Hospi	1 + 27			Jil 3 Carro	llton	Avenue		YES		NO 🗔
3	NAME OF		irs†	Z. LEFLA	Middle		st st	4 DATE	Man	ith	Day	Yeq	
	DECEASED (Type or print)	M	AMIE		(NMI)	CCI	ROT PIER	OF DEATH	Novem	nhar '	11.	19	66
	SEX T	6. COLOR OR RACE	7. MARRI	IED 🗀	NEVER MARRIED		DATE BIRTH		9. AGE (In years	T IF UNDER 1		UNDER	
,	-					=			last birthday)	Manths		Haurs	Min
	Fema le	White	WIDOW		DIVORCED		8-5-86			1			
10a	USUAL OCCUPATION ng mast af working 1	(Give kind of work dans	9   101	b. KIND () INDUSTI	F BUSINESS OR		11 BIRTHPLACE (County	& State, ar fi	areign cauntry)		IZEN OF W	/HAT	-
Juli	Housewil			INDUST	K.I		Germany					man	v
13.	FATHER'S NAME					T	14. MOTHER'S MAIDEN I	NAME				7 7 5 5 6 8	
	John Ke	ller					Marie I	rab?					
15	WAS DECEASED EVER	IN L. C. APMED FORCES		16 SOCIA	L SECURITY NO	17 18	FORMANT	BUGI	Addr	7066			
(¥e	s, na, ar unknawn)	If yes give war ar dates	af service)										
14					<u>-54-6016</u>	Rec	ords, Sprin	ngfie	<u>Ld State</u>	Hospi	tal		
	18. CAUSE OF DE.	ATH (Enter anly one co										VAL BETV	
	PAKI I. DEAT	WAS CAUSED BY INDEPENDENT OF THE PROPERTY OF T	(a) AC	ute	pancreat	titis					Wee	AND DI	[MIF]
	*F. Z.L. Li		E 10										
	Canditians, if any,	which gave )	(b)										
	rise to immediate	cause (a), ( DIII	E TO										
	stating the under	ying cause		tani	neal aret	do h	eart diseas	t a			Yea	710	
		,											DC14
3	PART II OTHER SIG	deficiency	CONTRIBUTII	NG TO DE	AIH BUT NOT REU	ATED TO TI	IE TERMINAL DISEASE CON	NDITION GIV	EN IN PART I(a)		PE	AS AUTO REORME	D3 L2A
3	TROTTOGI	del Tetelle	y a title	TTTT	aremera c	eu					YES		NO 🔲
Ĭ	20a ACCIDENT WAS		205	. DESCRIB	E HOW INJURY OF	CURRED. (	nter nature of injury in	Part I ar Po	rt I: of item 18.)				
3	OR CONTRIBUTING I												
3		RY Manth, Day, Year	20	d INJURY	OCCURRED	20e PLAC	OF INJURY (Hame, farm	20f.	(City or town)	{Can	nty)	(5	Stote)
MED I	Hour a m			hile —	Not While		ry, street, affice bldg., etc.)		, , , , , ,		.,,	-	,
	p.m		u i	wark L	at wark	,	20 00 37		95 91	// 10			
	21. I certif	y that (I) (this ha	spital) at	tended	the deceased	tram	10-30-16, 1 death accurred at	<sup>9</sup> 2:00.	to 11-11-	-00, 19_	, that	! (!) (v	ve) las
		ceased alive an_	TT-15	160	19	and that	death accurred at		M; frant causes				abave
	220 SIGNATURE	1 0	11/1	2 4	4		ATTENDING	MED.	STAFF =		ITE SIGNED	. 66	
	day	luc Cl	1 0	1.58	1/00.	M.D	PHYS	DIRECTOR	PHYS.		11-11		
	22c PHYSICIAN S	*	-		A		22d. ADDRESS Sp	oringi	ield Sta	ite Hos	spita	I	
	NAME (Type)	Agustin o	del Ca	ampo	M.D.		9	ykesy	ville, Ma	uryland	1 217	81,	
23 a	BURIAL, CREMATIO	, 23b DATE TH	<b>EREOF</b>	23	NAME OF CEME	TERY OR C	REMATORY	23d L	OCATION (City or To	αwn)	(County)	(St	ate)
	REMOVAL (Specify)		/1966		Loudon	2 Par	k Cemetery		ltimore,			(31	,
24	FUNERAL DIRECTOR	,	,,		a ADDRESS	/		BY REGIST		EGISTRAR 5 SI			
11	n 1 7	1	9	E	wite.	mo	N <sub>1</sub> U	V 17	1966	Milan		udg	
V	m.7.12	me-d	and	0 1	wather	100	2. avg DATE INC	7.			- (	V	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15493 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY. b. COUNTY ARYZANI ARROLL c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town WESTMINSTER WESTMINSTER d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS 46 CARROLL CARROLL CO. GEN. H NO Z 3 NAME OF Last Month Day DECEASED (Type or print) IF JADER S SEX AGE (in years 7 MARRIED NEVER MARRIED last hirthday) WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during mgst af warking life, even il retired)
FORE MANY INDUSTRY CARROLL CO. M 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME G-F-ORG-E EMILY J. WAGN 17 INFORMANT SAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes no, or unknown) (If yes give war ar dates of service 216-03-69 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEE ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO Conditions, floary, which gave rise ta îmmediate cause (a), DUF TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? NO 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, Jorm, 20d INJURY OCCURRED 20f. (City or fown) (County) (Stote) Hour o.m. loctory, street, affice bldg., etc.) Not While at wark at work L saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

directar, po should be f

VR A15 (4) 20 M 1/66

be executed within 24 haurs after

the death certificate

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crematian,

burial

rar use as the L Health prior tab

CERTIFICATION

signed by the burial-transit

or attending has been

be retained by the haspital

certificate

O FUNERAL DIRECTOR:

Page 4 may

campletely

24 FUNERAL DIRECTOR

23a BURIAL CREMATION

23c NAME OF CEMETERY OR CREMATORY **ADDRESS** 

HESTMINSTER CEDAY

(State)

2Sq REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Charles DATE DEC

23d LOCATION (City or Town)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15494	CERTIFICATE	OF DEATH		15494			
1 PI	LACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived, if institution Re	es dence before admission)			
4	COLNTY CARROLL	MARYLAND	11191	YLAND C	ARKOLL			
b	CTY OR TOWN (If outside corporate imits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16		tside corporate limits, write RURAL an	d give neorest town)			
_/	NESTMINSTER NAME OF HOSPITAL OR INSTITUTION (If not in bosp	2 DAYS	d STREET ADDRESS	BRIDGE -	e IS RESIDENCE			
G	CARRALL CO GENERA	11	0 21KEL MDDKE22		ON A FARM? YES NO K			
3 N	AME OF FIRST	Muddle	Lost	4 DATE Month	Doy Year			
DI	POPE OF DEATH FORMARD EA	RI STUL		OF DEATH	3 19/66			
5 SE		(10)		9 AGE (In years   IF U	NDER I YEAR I IF UNDER 24 HRS			
	M WIDO	WED DIVORCED	TAN21, 19	lost birthdoy) Mon	ths Doys Hours Min			
		OF KIND OF BUSINESS OR	11 BIRTHPLACE (County	& State or foreign country)	12 CIT ZEN OF WHAT COUNTRY?			
	g most of working te, even if retired)	CEMENT CO.	MARYL	AND	451			
	FATHER'S NAME		14 MOTHER'S MAIDEN I	The A				
	EDWARD STUL			BARN HART	<u></u>			
15 'Yes,	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown). [(If yes give war or dates of service)	4 4 4	NFORMANT	Address	Thurs MA			
-	No		PRENCE ST	ULTZ UNION	BRIDGE IND			
	18 CAUSE OF DEATH (Enter only one couse per lin PART   DEATH WAS CAUSED BY		1 EMPIL	ISEMA-ADVANC	ONSEL AND DEATH			
	IMMEDIATE (AUSE (o)	PULMONARY	LIMIN	1361111/ - 14 - 1/1/100	EN YEARS			
- [,	Conditions, flony, which gove ) (b)	CHRONIC	BRONCH	itis	0			
	nse to immediate couse (a).				4,			
	last (c)	COR PU	LMONA	LE				
<u> </u>	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUT				19 WAS AUTOPSY PERFORMED?			
MEDICAL CERTIFICATION					YES NO			
	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED (	Enter noture of injury in	Port I or Port 18 of Item 18)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				18			
	Hour o.m.		TE OF INJURY (Home, form pry, street, office bldg , etc.)		(County) (State)			
٦	p.m. 19 o	nt work LJ ot work LJ	- /-/-	2/5	10/// 11 1/11/11			
	21. I certify that (I) (this hospital) a	attended the deceased fram 17 / 3 19 66 and that	t death occurred at		19 66, that (1) (we) last			
-	sow the deceosed alive on							
	M.D ATTENDING MED STAFF D 11/3/66							
	22c PHYSICIAN S		22d ADDRESS	10 M T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	Dan			
	NAME (Type) VINCENT	J FROCCO JI	R VYESTIN	TINSTER	170			
23o	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (Stote)			
1	DUNIAL 11/6/66	LUTHERAN		UNIONTOWI	VIND			
24	FUNERAL DIRECTOR	ADDRESS .	-21.	4.0	ers signature			
16	IN AMADION Y SAMO	1 MANGON MARS.	P. INA DATE N	OV 7 1956 800	workly yelloge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending obtained director, page 3 should be detached for use as the burial-transit permit. Refers should be filed with the State Dept. of Health prior to burial, cremation, ar removal VR A15 (4) 20 M 1/66

Scan and campletely filled in by the funeral lease remave carbon papers. Pages I and and in any event, within 72 haurs after dept

15495	CERTIFICATE	OF DEATH	15	495
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceas	ed lived, if institution: Reside	nce before admission)
o. COUNTY Carroll	MARYLAND	o. STATE Maryland	Balti	more City
b. CITY OR TOWN (If autside carparate limits.	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpora		
Rural - Sykesville	8y. 1m.30d.	Baltimore Cit	У	30 4
d. NAME OF HOSPITAL OR INSTITUTION (If not	in haspital, give street address)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?
Springfield Hospit	tal, Sykesville, Md	. 12 W. Preston	Street	YES NO
NAME OF Firs	Middle Middle	Last 4. DATE	Manth	Day Year
(Type or print) Mary	Lucretia Wh	ndgemuth OF DEATH	11	11 1966
SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9	tost birthday) Months	R 1 YEAR   IF UNDER 24 HRS
Female White	WIDOWED DIVORCED	3-14-1881	(ast birthday) Months yrs.	Doys Hours Min.
USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or fo	reign cauntry) 12. (	ITIZEN OF WHAT
ring most of working life, even if retired)	INDUSTRY	Baltimore, Ma	ryland	OUNTRY?
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Marion Daneker		unknown		
S. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	
res, no, or unknown) (If yes give war or dates of	214-22-9455 Spr	ringfield Hospit	al. Sykesvil	le. Md.
18. CAUSE OF DEATH (Enter only one coust				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	6 1 1 1 1 1 1	neart disease		Years DEATH
1+200 DUE T				
Conditions, if any, which gave	b) Bronchopneumonia			Days
rise to immediate cause (a), Stating the underlying cause	/			
	(c)			
PART H. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVE	N IN PART I(o)	19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH				YES NO
20o. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Par	t II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year Hour a.m.		CE OF INJURY (Home, form, 20f.	(City or town) (C	aunty) (State)
Hour o.m.	While Nat White fact	tory, street, office bldg., etc.)		
p.m.	pital) attended the deceased fram_S	9-13- 1958 1	0 11 - 1119	of that (we) le
saw the deceased alive an	11 - 11 1966, and that	t death accurred de: 40 N	A, fram causes and an	the date stated above
22g. SIGNAPORE			22b.	DATE SIGNED
17 17	em M.	D. PHYS. DIRECTOR	PHYS. Z	-11-66
22c. PHYSICIAN'S		Springfield St	haha Wasnita	1
NAME(Type) Dr. Ilse	Kamm	pringiteld St	tare nospita	
300 BURIAL, CREMATION, 236. DATE THER	REOF 23c. NAME OF CEMETERY OR	CREMATORY . 23d_ LO	CATION (City or Town)	(County) (State)
C. REMOVAL (Specify) 11 11	1 1 1 1 1 1 1 1		MASI der	(County) (State)
	REOF 231. NAME OF CEMETERY OR CAM Dridge	$\Lambda$ $\Lambda$ $\Lambda$ $\Lambda$	mbridge	Md.

15498 A design b the standard to the office of the for the report of the late of the second representative They be been the block of the golden to the second market age. The control of TO SPECIAL MONTH ARIC - BALL - VACARIO LE LE BORGE L'AND LE COMPANS DE L'ANDRE direct and proste bear directs. 800 a model - II ac land The state of the s Lat the same blade or are 211-1911

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate lie executed within 24 hours after death. Page 4 may be retained by the huspital or attending physician.

TO FUNERAL DIRECTOR: After this certifinate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

	MARYLAND STATE DEPARTMENT OF HEALT!	H
DIVISION OF STATISTIC	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
15496	CERTIFICATE OF DEATH	15496

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Carroll	a. STATE b. COUNTY Narvland Carroll
b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Rural-Mt. Airv Life	Rural-Mt. Airv 66-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
R.D. 2	R.D. 2
3. NAME DF DECEASED (Type or print)  William Arthur W.	Last 4. DATE Month Day Year DF DF DF NOV JULDEN 6 1966
5. SEX   6. CDLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE DF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Dec. 30, 1904 61 yrs. Months Days Hours Min.
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Carpenter	Carroll Co., Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur P. Woodward	Rachel Zepp
15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) 219-14-8774 Mi	rs. Viola M. Woodward Same As #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: A COITE CONDITION	
HZ DUE TO	-211
gave rise to immediate (b) Avierio Scierei ve (	ardiovasialar disease Shypars
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU CONTRIBUTING 2 CAUSE OF DEATH CONTRIBUTING 2 CAUSE OF DEATH CONTRIBUTING 2 CAUSE OF DEATH CONTRIBUTING 2 CAUSE OF DEATH	PRRED. (Enter nature of Injury in Pert I or Part II of Item 18.)
3 20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Facto   20e. Time DF INJURY OCCURRED   20e. PLA   Facto   20e. Time DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Facto   20e. Time DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Facto   20e. Time DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Facto   20e. Time DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Facto   20e. Time DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Facto   20e. Time DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Facto   20e. Time DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Facto   20e. Time DF INJURY MONTH   20	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	March , 1955 to Nev , 1966, that (1) (we) last
	t death occurred at 750 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE ŞIGNED
WDS Cerlence M.D	ATTENDING MED. STAFF   11/7/66
22c. PHYSICIAN'S	22d. ADDRESS
MAINE (Type) W-FS- CC1/W81/	900 So Main St My. Airy Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LDCATION (City, town or county) / (State)
Burial 111/9/1966   Poplar Spri	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
C. M. Waltz Box 241 Sykesville, Md.	DATE NOV 1 0 1966 June June

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